

FOR PAPER FILING ONLY

Event Date 9/17/12
Page 44

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard					
Full Name of Contributor Terrence W. Penrod				Registration Number, if PAC	
Street Address 362 W Hubbard Ave	Employer/Occupation/Labor Organization* Self-employed/Realtor		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 40.00
Full Name of Contributor Eric S. Wyne				Registration Number, if PAC	
Street Address 1221 Park Dr	Employer/Occupation/Labor Organization* Public Performance/Policy		M 0	D 9	Y 2
City Gahanna	State O	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 40.00
Full Name of Contributor Mellissia Fuhrmann				Registration Number, if PAC	
Street Address 1998 Willoway Ct N	Employer/Occupation/Labor Organization* Justice League/Attorney		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Raymond Lavoie				Registration Number, if PAC	
Street Address 826 Summit St	Employer/Occupation/Labor Organization* Self-employed/Photograph		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Susan D. Allardyce				Registration Number, if PAC	
Street Address 1346 Lincoln Rd	Employer/Occupation/Labor Organization* Self-employed/Real Estate		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Robert L. Eblin				Registration Number, if PAC	
Street Address 230 Northmoor Pl	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Thomas G. Lamb				Registration Number, if PAC	
Street Address 68 W Royal Forest Blvd	Employer/Occupation/Labor Organization* Ohio Cancer Research		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 50.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 330.00