

FOR PAPER FILING ONLY

Event Date 7/17/12
Page 29

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 Martin J. Hogan					Registration Number, if PAC		
Street Address 6990 Grate Park Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 50.00	
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check				
Full Name of Contributor Irwin A. Bain					Registration Number, if PAC		
Street Address 185 S Drexel	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 100.00	
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Check				
Full Name of Contributor James M. Schottenstein					Registration Number, if PAC		
Street Address 2300 Commonwealth Park N	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 100.00	
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check				
Full Name of Contributor Joyce Garver Keller					Registration Number, if PAC		
Street Address 2607 Sherwood Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 100.00	
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check				
Full Name of Contributor Janet L. Horning					Registration Number, if PAC		
Street Address 5743 Grackle Ln	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 100.00	
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check				
Full Name of Contributor Stephen M. Haffer					Registration Number, if PAC		
Street Address 7217 Biddick Ct	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 250.00	
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check				
Full Name of Contributor Schottenstein Stores Corp PAC State of Ohio					Registration Number, if PAC CP878		
Street Address 4300 E 5th Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 500.00	
City Columbus	State O H	Zip Code 43219	Form(Cash,Check,etc) Check				

* 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 \$ 1,200.00