

FOR PAPER FILING ONLY

Event Date 10/16/12
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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 Robert Lancia				Registration Number, if PAC	
Street Address 1091 Torrey Hill Dr	Employer/Occupation/Labor Organization* None/Retired		M 1	D 0	Y 12
City Columbus	State O	Zip Code 43228	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Sandra K. Menedis				Registration Number, if PAC	
Street Address 7511 Daugherty Dr	Employer/Occupation/Labor Organization* Franklin County/ Assistant		M 1	D 0	Y 12
City Reynoldsburg	State O	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Christopher B. Crowe				Registration Number, if PAC	
Street Address 190 Village Blvd	Employer/Occupation/Labor Organization* Self-employed/ Author		M 1	D 0	Y 12
City Canfield	State O	Zip Code 44406	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor William L. Buckel				Registration Number, if PAC	
Street Address 1641 Hess Blvd	Employer/Occupation/Labor Organization* None/Retired		M 1	D 0	Y 12
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 45.00
Full Name of Contributor Erik J. Janas				Registration Number, if PAC	
Street Address 5504 Courtland Ct	Employer/Occupation/Labor Organization* Franklin County/ Admin		M 1	D 0	Y 12
City Cleveland	State O	Zip Code 44102	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor James R. Weber				Registration Number, if PAC	
Street Address 1578 Country Club Ave	Employer/Occupation/Labor Organization* None/Retired		M 1	D 0	Y 12
City Youngstown	State O	Zip Code 44514	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Walter J. Gerhardstein Jr				Registration Number, if PAC	
Street Address 174 Springbrook Dr	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 1	D 0	Y 12
City Gahanna	State O	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 75.00

* 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 \$ 295.00