

FOR PAPER FILING ONLY

Event Date 7/11/12
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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 David Hetzler			Registration Number, if PAC			
Street Address 1645 Ridgeway Pl	Employer/Occupation/Labor Organization* DLZ/Engineer		M 0	D 7	Y 12	Amount 500.00
City Grandview Heights	State OH	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Donald B. Leach Jr.			Registration Number, if PAC			
Street Address 191 W Nationwide Blvd, Ste 300	Employer/Occupation/Labor Organization* Dinsmore Shohl/Attorney		M 0	D 7	Y 12	Amount 500.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Squire Sanders & Dempsey LLP PAC			Registration Number, if PAC C00444935			
Street Address 1201 Pennsylvania Ave NW, Ste 500	Employer/Occupation/Labor Organization*		M 0	D 7	Y 12	Amount 500.00
City Washington	State DC	Zip Code 2000	Form(Cash,Check,etc) Check			
Full Name of Contributor Stephen Mindzak			Registration Number, if PAC			
Street Address 7995 Corsham Ct	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 7	Y 12	Amount 500.00
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Money Order			
Full Name of Contributor Lark T. Mallory			Registration Number, if PAC			
Street Address 8108 Slate Ridge Blvd	Employer/Occupation/Labor Organization* Frost Brown/Attorney		M 0	D 7	Y 12	Amount 50.00
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Jason L. George			Registration Number, if PAC			
Street Address 2456 Dale Ave	Employer/Occupation/Labor Organization* Frost Brown/Attorney		M 0	D 7	Y 12	Amount 100.00
City Bexley	State OH	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor David A. Rogers			Registration Number, if PAC			
Street Address 1440 Briarcliff Dr	Employer/Occupation/Labor Organization* Frost Brown/Attorney		M 0	D 7	Y 12	Amount 150.00
City Powell	State OH	Zip Code 43065	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 \$ 2,300.00