31-E
R.C. 3517.10(B)

FOR PAPER FILING ONLY

Event Date 7/31/12
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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						**Registration Number, if PAC**	
James M. Mentel							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
653 Crescent Rd	None/Retired			08	13	12	125.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43204		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Matthew Cincione							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1228 Cambridge Blvd	Butler Cincione/Attorney			08	13	12	150.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43212		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Pierce Miller							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
5670 Heritage Lakes Dr	MPM Properties/Pres			08	13	12	250.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Hilliard	OH	43026		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Iron Workers Local Union 172 PCE						PCE	
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
2867 S High St				08	13	12	350.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43207		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Friends for Ginther							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
545 E Town St				08	13	12	5,000.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Full Name of Contributor						**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			

* 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 $ 5,875.00