

FOR PAPER FILING ONLY

Event Date 6/6/12
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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					
Full Name of Contributor Thomas G. Lamb				Registration Number, if PAC	
Street Address 68 W Royal Forest Blvd	Employer/Occupation/Labor Organization* OH Cancer Research/Asso		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43214	Amount 125.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Shawn M. Moser				Registration Number, if PAC	
Street Address 1403 Pine Wild Dr	Employer/Occupation/Labor Organization* State of Ohio/Loss Investig		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43223	Amount 125.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Myron N. Terlecky				Registration Number, if PAC	
Street Address 6332 Olsin Ct	Employer/Occupation/Labor Organization* Strip, Hoppers/Attorney		M 0	D 6	Y 2
City Dublin	State O	Zip Code 43016	Amount 125.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Erik Janas				Registration Number, if PAC	
Street Address 2297 Quarry Valley Rd	Employer/Occupation/Labor Organization* Fr. Co./Dep County Admin		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43204	Amount 125.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Sue Hamilton				Registration Number, if PAC	
Street Address 779 Aldengate Dr	Employer/Occupation/Labor Organization* Hands on Central OH/Exe		M 0	D 6	Y 2
City Galloway	State O	Zip Code 43119	Amount 125.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Marilee Chinnici-Zuercher				Registration Number, if PAC	
Street Address 6043 Glenbarr Pl	Employer/Occupation/Labor Organization* Firstlink/CEO		M 0	D 6	Y 2
City Dublin	State O	Zip Code 43017	Amount 125.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey E. Hastings				Registration Number, if PAC	
Street Address 5228 Longrifle Rd	Employer/Occupation/Labor Organization* US Bank/Market Pres		M 0	D 6	Y 2
City Westerville	State O	Zip Code 43081	Amount 200.00	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 \$ 950.00