

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 Jeff Rich/Rich & Gillis Law Group, LLC			Registration Number, if PAC			
Street Address 6400 Riverside Dr, Ste D	Employer/Occupation/Labor Organization* Rich & Gillis/ Attorney		M 0	D 6	Y 2	Amount 500.00
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Mark Gillis/Rich & Gillis Law Group, LLC			Registration Number, if PAC			
Street Address 6400 Riverside Dr, Ste D	Employer/Occupation/Labor Organization* Rich & Gillis/ Attorney		M 0	D 6	Y 2	Amount 500.00
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Vorys Sater Seymour & Pease LLP Advocate for Effective Public A			Registration Number, if PAC OH109			
Street Address 52 E Gay St, PO Box 1008	Employer/Occupation/Labor Organization* Rich & Gillis/ Attorney		M 0	D 6	Y 2	Amount 3,000.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard D. Topper			Registration Number, if PAC			
Street Address 5132 Olentangy River Rd	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 0	D 7	Y 1	Amount 250.00
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Susan G. Sheridan			Registration Number, if PAC			
Street Address 2600 Wexford Rd	Employer/Occupation/Labor Organization* Dinsmore & Shohl/ Attorne		M 0	D 7	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor John Johnson/John P. Johnson Law Office LLC			Registration Number, if PAC			
Street Address 501 S High St	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 0	D 7	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Susan D. Rector			Registration Number, if PAC			
Street Address 67 E Deshler Ave	Employer/Occupation/Labor Organization* Ice Miller/ Attorney		M 0	D 7	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43206	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 \$ 4,550.00