

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 Linda Leah Reibel			Registration Number, if PAC	
Street Address 39 Orchard Dr	Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 1 0 1 9 1 2	Amount 75.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Tunney Lee King/The Law Offices of Tunney Lee King			Registration Number, if PAC	
Street Address 380 S Fifth St, Ste 2	Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 1 0 1 9 1 2	Amount 75.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert P. Milich			Registration Number, if PAC	
Street Address 832 Bears Den Rd	Employer/Occupation/Labor Organization* Youngstown/Judge		M D Y 1 0 1 9 1 2	Amount 75.00
City Youngstown	State O H	Zip Code 44511	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian C. Barker			Registration Number, if PAC	
Street Address 1698 Berkshire Rd	Employer/Occupation/Labor Organization* Snyder Barker/Principal		M D Y 1 0 1 9 1 2	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Penny Tipps/Public Policy Strategies LLC			Registration Number, if PAC	
Street Address 137 E State St	Employer/Occupation/Labor Organization* Public Policy Strategies		M D Y 1 0 1 9 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor M. Joyce Patton			Registration Number, if PAC	
Street Address 1856 Barrington Rd	Employer/Occupation/Labor Organization* Progress Ohio/Man. Direct		M D Y 1 0 1 9 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor William J. Flaherty			Registration Number, if PAC	
Street Address 2081 Tremont Rd	Employer/Occupation/Labor Organization* Fr. Co./Dep. Co. Admin.		M D Y 1 0 1 9 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43221	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 \$ 625.00