Event Date	6/17/13			
Page	5			

Statement of Contributions Received at a Social or Fundraising Event

_	Prescribed by Sec	cretary of State 5/05				_			
Name of Committee in Full		·-							
Evervone for Ed Leonard									
Full Name of Contributor				Registration Number, if PAC					
Stephen Grassbaugh/Benesch, Friedlar									
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount			
41 South High Street, #2600	Benesch/Attorney		0 6	0 5	1 3		250.00		
City	State	Zip Code	Form(Ca	ish,Ch e ck	cetc)				
Columbus	$O \mid H$	43215	(Checl	k				
Full Name of Contributor			Registra	tion Num	ber, if PA	С			
James K. Williams III									
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
2518 Darling Road	Kirkland Williams/Pres		0 6	015	1 3		250.00		
City	State Zip Code		Form(Ca	ish,Check	(etc)				
Blacklick	$O \mid H$	43004	(Checl	k				
Full Name of Contributor			Registra	tion Num	ber, if PA	С			
Columbus Franklin County, AFL-CIO I	PCE								
Street Address		ation/Labor Organization*	М	D	Y	Amount			
1545 Alum Creek Drive, 2nd Floor			016	015	113		250.00		
City	State	Zip Code	Form(Ca	sh,Check	(etc)				
Columbus	$O \mid H$	43209	1 (Checl	k				
Full Name of Contributor					Registration Number, if PAC				
Mark K Milligan			l						
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
1275 Fountaine Dr	Arlington Bank/Exec		016	015	1 3		500.00		
City	State Zip Code		Form(Cash,Check,etc)						
Columbus	$O \mid H$	43221	(Checl	k				
Full Name of Contributor Registration Number, if PAC									
Robert Weiler									
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
10 North High Street, Ste 401	Robert Weiler Co/CEO		016	0 5	113		500.00		
City	State	Zip Code		sh,Check					
Columbus	$0 \mid H$	43215	1 (Checl	k				
Full Name of Contributor	<u> </u>		Registration Number, if PAC						
Plumbers & Pipefitters LU 189			PCE 6220						
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
1250 Kinnear Road			016	015	1 3		500.00		
City	State	Zip Code		sh,Check					
Columbus	ОТН	43212	(Checl	k				
Full Name of Contributor					ber, if PA	С			
Rob Rishel/Rinehart, Rishel & Cuckler, Ltd									
Street Address		ation/Labor Organization*	М	D	Y	Amount			
300 East Broad Street, Suite 450		t, Rishel/Attornev	016	015	113		500.00		
City	State	Zip Code		sh,Check					
Columbus	ОІН	43215	1 4	Checl	k				
COMMINAN									

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

Total contributions this event	Total expenditures this event	
		Page Total S 2.750.00

^{*} 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)]