

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 Sue Hamilton				Registration Number, if PAC	
Street Address 779 Aldengate Dr	Employer/Occupation/Labor Organization* Hands on Central Ohio/Di		M 0	D 8	Y 12
City Galloway	State OH	Zip Code 43119	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC	
Street Address 535 W First Ave	Employer/Occupation/Labor Organization* City of Columbus/ Atty		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Conor O'Leary				Registration Number, if PAC	
Street Address 418 E Beck St	Employer/Occupation/Labor Organization* Ohio Dem Party/Finance		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Jennifer House				Registration Number, if PAC	
Street Address 1662 Aschinger Blvd	Employer/Occupation/Labor Organization* Vorys/Comm Coordinator		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 20.00
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 8	Y 12
City Columbus	State OH	Zip Code 43223	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Mary Jane Boyer				Registration Number, if PAC	
Street Address 4398 Crimson Maple Ln	Employer/Occupation/Labor Organization* Ecommerce/Relationship N		M 0	D 8	Y 12
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Joseph Palazzo				Registration Number, if PAC	
Street Address 5854 Ravine Creek Dr	Employer/Occupation/Labor Organization* Chase/Associate		M 0	D 8	Y 12
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 20.00

* 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)]

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 \$ 140.00