

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 Joseph M. Reidy			Registration Number, if PAC			
Street Address 196 Glencoe Rd	Employer/Occupation/Labor Organization* Ice Miller/Attorney		M 0	D 7	Y 12	Amount 100.00
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Susan Porter			Registration Number, if PAC			
Street Address 4523 Neiswander Sq	Employer/Occupation/Labor Organization* Ice Miller/Attorney		M 0	D 7	Y 12	Amount 100.00
City New Albany	State O	Zip Code 43054	Form(Cash,Check,etc) Check			
Full Name of Contributor Victoria E. Powers			Registration Number, if PAC			
Street Address 291 S Cassingham Rd	Employer/Occupation/Labor Organization* Ice Miller/Attorney		M 0	D 7	Y 12	Amount 200.00
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Calfee Fund for Good Government			Registration Number, if PAC C00351635			
Street Address 800 Superior Ave E, Ste 1400	Employer/Occupation/Labor Organization*		M 0	D 7	Y 12	Amount 250.00
City Cleveland	State O	Zip Code 44114	Form(Cash,Check,etc) Check			
Full Name of Contributor James Ervin/Benesch, Friedlander, Coplan & Aronoff LLP			Registration Number, if PAC			
Street Address 41 S High St, # 2600	Employer/Occupation/Labor Organization* Benesch/Attorney		M 0	D 7	Y 12	Amount 125.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Matt Cain/Benesch, Friedlander, Coplan & Aronoff LLP			Registration Number, if PAC			
Street Address 41 S High St, # 2600	Employer/Occupation/Labor Organization* Benesch/Attorney		M 0	D 7	Y 12	Amount 125.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Schottenstein, Zox & Dunn State & Local PAC			Registration Number, if PAC OH 1310			
Street Address 250 West St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 12	Amount 291.80
City Columbus	State O	Zip Code 43215	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 \$ 1,191.80