31-E
R.C. 3517.10(B)

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	Registration Number, if PAC					
Julie Adams						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
4528 Carriage Hills Ln	Frank Gates/Workers Com	0 | 8	1 | 3	1 | 2	20.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Upper Arlington	O | H / 43220	Cash				
Full Name of Contributor	**Registration Number, if PAC**					
Curtis Davis						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
584 Emoler Ave	ICS/Managing Partner	0 | 8	1 | 3	1 | 2	20.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Columbus	O | H / 43207	Cash				
Full Name of Contributor	**Registration Number, if PAC**					
Robert Lanthorn						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
2548 Edencreek Ln	Hamilton Schools/Teacher	0 | 8	1 | 3	1 | 2	50.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Columbus	O | H / 43207	Cash				
Full Name of Contributor	**Registration Number, if PAC**					
Todd Wedekind						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
4397 Cohagen Crossing Dr	Fr Co BOE/Manager	0 | 8	1 | 3	1 | 2	100.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
New Albany	O | H / 43054	Cash				
Full Name of Contributor	**Registration Number, if PAC**					
Lance Thompson						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
884 Village Brook Way	LT Consult/Sales	0 | 8	1 | 3	1 | 2	100.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Columbus	O | H / 43235	Cash				
Full Name of Contributor	**Registration Number, if PAC**					
Judith A. Kress						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
119 E Longview	Breathing Assoc/Dir Resea	0 | 8	1 | 3	1 | 2	20.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Columbus	O | H / 43202	Check				
Full Name of Contributor	**Registration Number, if PAC**					
Robert Lancia						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1091 Torrey Hill Dr	Fr Co Clerk/Dep Clerk	0 | 8	1 | 3	1 | 2	20.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Columbus	O | H / 43228	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 $ 330.00