

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 Ira B. Sully			Registration Number, if PAC			
Street Address 200 Reinhard Ave	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 0	D 8	Y 12	Amount 25.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor John D. Chubb/AJA Industries LLC			Registration Number, if PAC			
Street Address 3857 Wintergreen Blvd	Employer/Occupation/Labor Organization* AJA Industries		M 0	D 8	Y 12	Amount 25.00
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Christine Emch Thompson			Registration Number, if PAC			
Street Address 7956 Frago Ln	Employer/Occupation/Labor Organization* OSU/Program Manager		M 0	D 8	Y 12	Amount 25.00
City Delaware	State OH	Zip Code 43015	Form(Cash,Check,etc) Check			
Full Name of Contributor Rita J. Bova			Registration Number, if PAC			
Street Address 469 E Torrence Rd	Employer/Occupation/Labor Organization* CSCC/Professor		M 0	D 8	Y 12	Amount 25.00
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Joseph C. Mastrangelo			Registration Number, if PAC			
Street Address PO Box 15902	Employer/Occupation/Labor Organization* Ohio/ Asst Atty General		M 0	D 8	Y 12	Amount 50.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael P. Morrison			Registration Number, if PAC			
Street Address 1246 Poppy Hills Dr	Employer/Occupation/Labor Organization* Govt Advantage Group		M 0	D 8	Y 12	Amount 50.00
City Blacklick	State OH	Zip Code 43004	Form(Cash,Check,etc) Check			
Full Name of Contributor Gabrielle Wonnell			Registration Number, if PAC			
Street Address 3191 Minerva Lake Rd	Employer/Occupation/Labor Organization* Franklin County		M 0	D 8	Y 12	Amount 50.00
City Columbus	State OH	Zip Code 43231	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 \$ 250.00