

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 Emmett M. Kelly			Registration Number, if PAC	
Street Address 1977 Wyandotte Rd	Employer/Occupation/Labor Organization* Frost Brown/ Attorney		M D Y 0 7 2 7 1 2	Amount 200.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Frost Brown Todd LLC PAC			Registration Number, if PAC OH783	
Street Address 301 E Fourth St, Ste 2300	Employer/Occupation/Labor Organization* 		M D Y 0 7 2 7 1 2	Amount 500.00
City Cincinnati	State O H	Zip Code 45202	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert D. Weisman			Registration Number, if PAC	
Street Address 7277 Penneyroyal Pl	Employer/Occupation/Labor Organization* Ice Miller/ Attorney		M D Y 0 8 1 3 1 2	Amount 250.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Daniel R. Helmick			Registration Number, if PAC	
Street Address 2050 Ellington Rd	Employer/Occupation/Labor Organization* Ice Miller/ Partner		M D Y 0 8 1 3 1 2	Amount 250.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Bricker & Eckler LLP State PAC			Registration Number, if PAC OH821	
Street Address 100 S Third St	Employer/Occupation/Labor Organization* 		M D Y 0 8 1 3 1 2	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen K. Dresser			Registration Number, if PAC	
Street Address 791 Mohawk St	Employer/Occupation/Labor Organization* None/ Homemaker		M D Y 0 8 1 3 1 2	Amount 1,000.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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 \$ 2,700.00