

FOR PAPER FILING ONLY

Event Date 6/6/12
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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 Daniel McCarthy			Registration Number, if PAC			
Street Address 4355 Shelbourne Ln	Employer/Occupation/Labor Organization* The Success Group/Pres		M 0	D 6	Y 12	Amount 200.00
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Stephen P. Grassbaugh			Registration Number, if PAC			
Street Address 308 Jackson St	Employer/Occupation/Labor Organization* Benesch/ Attorney		M 0	D 6	Y 12	Amount 250.00
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Columbus/Central Ohio Building Trades Council-Edu Fund			Registration Number, if PAC PCE 6131			
Street Address 555 E Rich St, Rm 217	Employer/Occupation/Labor Organization*		M 0	D 6	Y 12	Amount 250.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Ed Hogan/New Visions Group, LLC			Registration Number, if PAC			
Street Address 33 N Third St, Ste 400	Employer/Occupation/Labor Organization* New Visions Group		M 0	D 6	Y 12	Amount 250.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor O'Shaughnessy Committee			Registration Number, if PAC			
Street Address 480 S Third St	Employer/Occupation/Labor Organization*		M 0	D 6	Y 12	Amount 250.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Ronald J. Hagan			Registration Number, if PAC			
Street Address 693 City Park Ave	Employer/Occupation/Labor Organization* Self-employed/CPA		M 0	D 6	Y 12	Amount 250.00
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor James O. Heiberger			Registration Number, if PAC			
Street Address 4595 Shires Ct	Employer/Occupation/Labor Organization* MAPSYS/VP		M 0	D 6	Y 12	Amount 500.00
City Columbus	State O	Zip Code 43220	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 \$ 1,950.00