

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 Teamsters Local Union No. 413 DRIVE Fund				Registration Number, if PAC OH593	
Street Address 555 E Rich St	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Hull PAC				Registration Number, if PAC CP1155	
Street Address 6397 Emerald Pky, Ste 200	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Indiana/Kentucky/Ohio Regional Council of Carpenters PCE				Registration Number, if PAC PCE	
Street Address 1394 Courtright Rd	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State OH	Zip Code 43227	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Tom Harris/HMB				Registration Number, if PAC	
Street Address 570 Polaris Pkwy, Ste 125	Employer/Occupation/Labor Organization* HMB/President		M 0	D 6	Y 2
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor IBEW 683 PCE				Registration Number, if PAC PCE	
Street Address 23 W 2nd Ave	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State OH	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Keycorp Advocates Fund				Registration Number, if PAC C00073155	
Street Address 127 Public Sq	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Cleveland	State OH	Zip Code 44114	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Thomas E. Mosure				Registration Number, if PAC	
Street Address 4318 Tavistock Cir	Employer/Occupation/Labor Organization* MS Consultants/President		M 0	D 7	Y 2
City Powell	State OH	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 300.00

* 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 \$ 3,050.00