

FOR PAPER FILING ONLY

Event Date 9/20/12
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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 Rob Rishel/Rinehart Rishel & Cuckler, LTD				Registration Number, if PAC	
Street Address 300 E Broad St, Ste 450	Employer/Occupation/Labor Organization* Rinehart Rishel/ Attorney		M 0	D 9	Y 2012
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount

* 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 \$ 500.00