

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 Plumbers & Pipefitters L.U. 189 PCE			Registration Number, if PAC PCE 6220	
Street Address 1250 Kinnear Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 2 9 1 2	Amount 500.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Columbus Sheet Metal Workers Committee on Political Edu			Registration Number, if PAC OH1053	
Street Address 3035 Lamb Ave	Employer/Occupation/Labor Organization*		M D Y 0 5 2 9 1 2	Amount 1,000.00
City Columbus	State O H	Zip Code 43219	Form(Cash,Check,etc) Check	
Full Name of Contributor Ray Miller			Registration Number, if PAC	
Street Address 750 E Long St, Ste 3000	Employer/Occupation/Labor Organization*		M D Y 0 6 2 2 1 2	Amount 140.00
City Columbus	State O H	Zip Code 43203	Form(Cash,Check,etc) Cash	
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Ln, Apt D	Employer/Occupation/Labor Organization*		M D Y 0 6 2 2 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard W. Sensenbrenner			Registration Number, if PAC	
Street Address 701 W Lakeside Ave, Apt 706	Employer/Occupation/Labor Organization*		M D Y 0 6 2 2 1 2	Amount 100.00
City Cleveland	State O H	Zip Code 44113	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 984 Highland St	Employer/Occupation/Labor Organization*		M D Y 0 6 2 2 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Jack D'Aurora			Registration Number, if PAC	
Street Address 501 S High St	Employer/Occupation/Labor Organization*		M D Y 0 6 2 2 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	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 \$ 1,990.00