

FOR PAPER FILING ONLY

Event Date 7/31/12
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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 Stephen V. Torsell			Registration Number, if PAC	
Street Address 56902 Daisy Trail Dr	Employer/Occupation/Labor Organization* Homes on Hill/Exec Dir		M D Y 0 8 1 3 1 2	Amount 50.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Jed W. Morison			Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 0 8 1 3 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Nathan Gordon			Registration Number, if PAC	
Street Address 2485 E Broad St	Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 0 8 1 3 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor R. Christopher Smith			Registration Number, if PAC	
Street Address 1747 W 1st Ave	Employer/Occupation/Labor Organization* City of Columbus/Atty		M D Y 0 8 1 3 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Matthew J. Kelly			Registration Number, if PAC	
Street Address 545 Bradley St	Employer/Occupation/Labor Organization* OSU Newark/Dev. Dir		M D Y 0 8 1 3 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Bruce A. Langner			Registration Number, if PAC	
Street Address 332 Burns Dr	Employer/Occupation/Labor Organization* Bexley/Dev. Dir		M D Y 0 8 1 3 1 2	Amount 50.00
City Westerville	State O H	Zip Code 43082	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael S. Brown			Registration Number, if PAC	
Street Address 1142 Pennsylvania Ave	Employer/Occupation/Labor Organization* Experience Columbus		M D Y 0 8 1 3 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43201	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 \$ 350.00