

FOR PAPER FILING ONLY

Event Date 7/31/12
Page 35

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 Matthew J. Thompson			Registration Number, if PAC	
Street Address 7956 Fargo Ln	Employer/Occupation/Labor Organization* Noble & Thompson/Atty		M D Y 0 8 1 3 1 2	Amount 50.00
City Delaware	State O H	Zip Code 43015	Form(Cash,Check,etc) Check	
Full Name of Contributor Sue E. Zazon			Registration Number, if PAC	
Street Address 8100 McKittrick Rd	Employer/Occupation/Labor Organization* First Merit/CEO Columbus		M D Y 0 8 1 3 1 2	Amount 75.00
City Plain City	State O H	Zip Code 43064	Form(Cash,Check,etc) Check	
Full Name of Contributor Ty D. Marsh			Registration Number, if PAC	
Street Address 57 Riverview Park Dr	Employer/Occupation/Labor Organization* Self-employed/Consultant		M D Y 0 8 1 3 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor David Hetzler			Registration Number, if PAC	
Street Address 1645 Ridgeway Pl	Employer/Occupation/Labor Organization* DLZ/Engineer		M D Y 0 8 1 3 1 2	Amount 100.00
City Grandview Heights	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Carole Depaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Ln	Employer/Occupation/Labor Organization* None/Retired		M D Y 0 8 1 3 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor James B. Feibel			Registration Number, if PAC	
Street Address 6025 Whitman Rd	Employer/Occupation/Labor Organization* Self-employed/Attorney		M D Y 0 8 1 3 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Ralph E. Griffith			Registration Number, if PAC	
Street Address 2715 York Rd	Employer/Occupation/Labor Organization* Value Recovery/Sr VP		M D Y 0 8 1 3 1 2	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	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 \$ 625.00