31-E
R.C. 3517.10(B)

FOR PAPER FILING ONLY

Event Date 9/20/12
Page 46

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						**Registration Number, if PAC**	
Mark A. Hummer							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1795 Edgemont Rd	Franklin County/Judge			09	25	12	100.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Columbus	OH	43212	Check				
Full Name of Contributor						**Registration Number, if PAC**	
CPM Law PAC						OH1505	
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
366 E Broad St				09	25	12	100.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Columbus	OH	43215	Check				
Full Name of Contributor						**Registration Number, if PAC**	
Ralph E. Griffith							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
2715 York Rd	Value Recovery/VP			09	25	12	150.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Upper Arlington	OH	43221	Check				
Full Name of Contributor						**Registration Number, if PAC**	
Abrham W. Tesfamrian/Morse & Cleveland Shell Enterprise LLC							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
4431 Cleveland Ave	Morse & Cleveland/Owner			09	25	12	200.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Columbus	OH	43231	Check				
Full Name of Contributor						**Registration Number, if PAC**	
Dwight R. McCabe							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
7361 Currier Rd	McCabe Co/Principal			09	25	12	200.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Plain City	OH	43064	Check				
Full Name of Contributor						**Registration Number, if PAC**	
James O. Heiberger							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
4595 Shires Ct	MAPSYS/VP			09	25	12	250.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Columbus	OH	43220	Check				
Full Name of Contributor						**Registration Number, if PAC**	
Jim Rishel/Rinehart, Rishel & Cuckler, LTD							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
300 E Broad St, Ste 450	Rinehart Rishel/Attorney			09	25	12	250.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Columbus	OH	43215	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 $ 1,250.00