

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		:	zayetomeninyaninhina	Market Commission				
Name of Committee in Full								
EVERYONE FOR ED LEONARD			Registration Number, if PAC					
Full Name of Contributor			Registra	tion Num	per, if PA	U		
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Street Address	Employer/Occup	ation/Labor Organization*			y a se tarret att	Form (Cash, Check, etc.)		
PO BOX 40491	- 434					CHECK		
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Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
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City		1		1 .	1 .	50.00		
BEXLEY		43209	111	0 2	0 8	Commence of the commence of th		
Full Name of Contributor Registration Number, if PAC								
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Tun Name of Constraint								
C. 2741. Springer at the control of	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Street Address	Employer/Occu				i omi (oddi, oddor, odd.)			
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City	State	Zip Code	М	D	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)]

Page Total \$ 200.00