

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Everyone for Ed Leonard							
Full Name HUNTINGTON NATIONAL BANK				Registration Number, if PAC			
Address 41 SOUTH HIGH STREET	Type* I N		M 1 2	D 3 1	Y 0 8	Amount 20.13	
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) EFT				
Full Name TRIUMPH COMMUNICATIONS				Registration Number, if PAC			
Address 1480 DUBLIN ROAD	Type* R E		M 1 2	D 0 1	Y 0 8	Amount 406.85	
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK				
Full Name CLEAR CHANNEL OUTDOORS				Registration Number, if PAC			
Address PO BOX 659512	Type* R E		M 0 5	D 1 6	Y 0 9	Amount 221.90	
City SAN ANTONIO	State T X	Zip Code 78265	Form(Cash,Check,etc) CHECK				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 648.88