

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Greater Columbus - Franklin County UAW Cap Council						Registration Number, if PAC	
Street Address 3761 Harding Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43228	M 1 0	D 1 7	Y 1 2	Amount 200.00	
Full Name of Contributor Thomas L. Fries						Registration Number, if PAC	
Street Address 3400 Tonti Dr		Employer/Occupation/Labor Organization* Self-employed/Consultant				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43016	M 1 0	D 1 9	Y 1 2	Amount 250.00	
Full Name of Contributor Tracey A. Bowman						Registration Number, if PAC	
Street Address 107 Ashbourne Rd		Employer/Occupation/Labor Organization* None/Homemaker				Form (Cash, Check, etc.) Check	
City Bexley	State O H	Zip Code 43209	M 1 0	D 1 9	Y 1 2	Amount 250.00	
Full Name of Contributor Kegler Brown Hill & Ritter PAC						Registration Number, if PAC CP648	
Street Address 65 E State St, Ste 1800		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 9	Y 1 2	Amount 300.00	
Full Name of Contributor FOP Political Education Fund						Registration Number, if PAC	
Street Address 6800 Schrock Hill Ct		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43229	M 1 0	D 1 9	Y 1 2	Amount 500.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	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 \$ 1,500.00