	_
Page	<u> </u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Everyone for Ed Leonard Full Name of Contributor					Registration Number, if PAC					
Susan Hina/Hina Environmental Solutions					Registration Number, it FAC					
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Che	ok etc.)	
995A Safin Rd	Employer/Occupanon/Labor Organization							Check		
City	State		Zîp Code	Тм	1	,	ΙΥ	Amount		
Columbus		Н	43204	$\begin{vmatrix} m \\ 1 \end{vmatrix}$		4	' 1 4		250.00	
Full Name of Contributor	Registratio								200.00	
NiSource Inc. PAC					0005					
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Che	Form (Cash, Check, etc.)	
200 Civic Center Drive								Check		
City	State	:	Zip Code	М	Ī)	Y	Amount		
Columbus	01	Н	43215	1 2	2 3	1	114	:	150.00	
Full Name of Contributor	•			Regist	ation	Numl	ber, if P	AC		
Andrew Jacobs				1						
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Che	ck, etc.)	
111 W 110th St								Credit C	Credit Card	
City	State	:	Zip Code	М	I)	Y	Amount		
New York	NI	Y	10026	111	1	2	1 4		250.00	
Full Name of Contributor	•			Regist	ation	Num	ber, if P	AC		
Mark Wood										
Street Address	Employer/0	Эссира	ntion/Labor Organization*		_	_			Form (Cash, Check, etc.)	
939 N High St #206								Credit C	Credit Card	
City	State		Zip Code	M	1 [Y	Amount		
Columbus	<u> 0 </u>	Н	43201	111			$1 \mid 4$		100.00	
Full Name of Contributor				Regist	ration	Num	ber, if P	AC		
								I- (0) 0		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Che	ck, etc.)	
			I	1				4		
City	State	e	Zip Code	M	[) 	Y	Amount		
	1		l	In		3 V	 :CB	<u> </u>		
Full Name of Contributor Registration Number, if PA										
								Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*							TOTAL (CASA, CAC	er, cic.y	
Cit.	State		Zip Code	М	1		Y	Amount		
City	اعاد	-	Zip Code	"	1	ĺ	1	, uncomm		
Full Name of Contributor	1 -			Registr	ration	Num	ber, if P	AC.		
Pair Name of Contributor										
Street Address Employer/Occupation*Labor Organization*								Form (Cash, Che	eck. etc.)	
Succe Address	reet Address Employen Occupation (Labor Organization)							(1)	. ,	
City	State		Zip Code	М	I)	Y	Amount		
	1			\perp		1	H	ł		
Full Name of Contributor Registration Number, if PA								AC		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
								ŀ		
City	Stat	e	Zip Code	М	I)	Y	Amount		
	1					1				
			1 . 15	معام المستحد			1.1	name of the		

^{*} 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)]