

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		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0	3	0	9	116 1,155.00
Full Name of Contributor Marlene E Lynn					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
203 Windsor Ct, Apt H					Check		
City	State	Zip Code	M	D	Y	Amount	
Marvsville	O H	43040	0	4	1	5	116 25.00
Full Name of Contributor PNC PAC					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
249 Fifth Ave, 21st Fl					Check		
City	State	Zip Code	M	D	Y	Amount	
Pittsburgh	P A	15222	0	4	1	5	116 100.00
Full Name of Contributor M/I Homes PAC					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3 Easton Oval					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43219	0	4	1	5	116 100.00
Full Name of Contributor Ted Manlev/Manlev Deas Kochalski LLC					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
PO Box 165028					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43216	0	4	1	5	116 500.00
Full Name of Contributor William Schottenstein/Estate of Jean S Schottenstein					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
107 S High St, 3rd Fl					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	0	4	1	5	116 500.00
Full Name of Contributor Pizzuti PAC					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
629 N High St, Ste 500					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	0	4	1	5	116 1,000.00

* 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 \$ 3,380.00