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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			
John E Snyder							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
794 S 6th St					;	Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43206	015	111	116	100.00	
Full Name of Contributor	-		Registra	tion Num	ber, if PA	C	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization®				Form (Cash, Check, etc.)	
		2: 0.1.	- I v	I n	Ιv	A-mount	
City	State	Zip Code	M	D	Y	Amount	
	1			1 1	1100	<u>_</u>	
Full Name of Contributor	Full Name of Contributor Registration Number, if I						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
<u></u>	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	'"		1 1	Allocation .	
			D	Aine Niem	har iCDA		
Full Name of Contributor			Kegistra	tion Num	ber, if PA	ic.	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State !	Zip Code	M	D	Y 1	Amount	
Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	ic	
Tur value of Controllo							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City:	State	Zîp Code	М	D	Y	Amount	
City	1	-r	l i	1			
Full Name of Contributor			Registra	ntion Nun	iber, if PA	AC .	
Street Address	Employer/Occupation/Labor Organization* Form (Cash				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	ation Nun	nber, if PA	AC .	
6	Employer/Occu	national abor Organization			_	Form (Cash, Check, etc.)	
Street Address	Employ e1/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
City	State L	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if Pa						AC	
						T (C-1 C1-1)	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
				<u> </u>			
fig.	to statewide and general assembly can	didates. If contributor is self-	employed the	occupatio	on and the	name of the	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributes is self-employed, the occupanion and the families 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 \$	100.00