

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Nanda Nair						Registration Number, if PAC	
Street Address 298 Beckley Ln		Employer/Occupation/Labor Organization* 3SG Corp/President				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 1	D 1	Y 3	Amount 500.00	
Full Name of Contributor Ranjan Manoranjan						Registration Number, if PAC	
Street Address 344 Cramer Creek Ct		Employer/Occupation/Labor Organization* 3SG Corp/President				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 1	D 1	Y 3	Amount 500.00	
Full Name of Contributor Scott North/Porter Wright						Registration Number, if PAC	
Street Address 41 S High St		Employer/Occupation/Labor Organization* Porter Wright/Attorney				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 3	Amount 500.00	
Full Name of Contributor Friends of Fitzgerald						Registration Number, if PAC	
Street Address 1269 Overlook Rd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Lakewood	State O H	Zip Code 44107	M 1	D 1	Y 3	Amount 1,000.00	
Full Name of Contributor Recovery PAC						Registration Number, if PAC COO 442277	
Street Address 2699 Lakewood Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43231	M 1	D 2	Y 0	Amount 250.00	
Full Name of Contributor James W. Smith						Registration Number, if PAC	
Street Address 3599 Cypress Creek Dr		Employer/Occupation/Labor Organization* Elford/President				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43228	M 1	D 2	Y 0	Amount 500.00	
Full Name of Contributor Contributions from Forms 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 90.00	
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	

* 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 \$ 3,340.00