## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·						
Everyone for Ed Leonard								
EVERYONE FOR ECCENTARY Full Name of Contributor				ration Nur	nber if P	'AC		
Nicholas Kontras			regist	uri Mul	erj#F	· · <del>-</del>		
NICHOIAS KONTRAS Street Address	Employer/Occu-	Employer/Occupation/Labor Organization*				Form (Cash, Check	r, etc.)	
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4585 Benderton Ct	Impact (	Impact Consultants/Consult State   Zip Code			ΤŸ	Credit Car	u	
City Columbus	O H	43220	М 1. (	D 2 3		ł · · · · · · · · · · · · · · · · · · ·	250.00	
Full Name of Contributor			ration Nur			, 5.00		
Jesse Hemphill		:	[,					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check	k, etc.)	
471 E Broad St, Ste 1800		Hemphill & Assoc/CPA				Credit Card		
City	State	Zip Code	\	D	ΙŸ	Amount		
Columbus	OIH	43215		2 3		<del>-</del>	75.00	
Full Name of Contributor	10,11	1 10210		ration Nu		AC .	. 0.00	
W. Henry Hauser			negis.		eig 15 f	-		
VV. Henry Hauser Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check	k, etc. i	
		ancial Services/		Adres	)T	Credit Car		
400 Fairway Blvd	UBS Fin	Zip Code	Financial M	Adviso D	) Y	Amount		
	O H	43213	1 '	3 0			250.00	
Whitehall Full Name of Contributor	IOIH	1 <del>4</del> 0719		J [ 3   U tration Nu			4.JU.UU	
THE PROPERTY OF THE PROPERTY O		:	venis		,.,, 11	, 19 <sub>0</sub>		
Street Address	Employer/Ωcα	upation/Labor Organiza	tion*			Form (Cash, Check	k, etc.)	
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Regis	tration Nu	mber, if I	PAC		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Chec	k, etc.)	
City	State	Zip Code	I M	- T - D	ΤŸ	Amount		
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Full Name of Contributor	1. !	<u> </u>	Regis	tration Nu	mber. if 1	PAC		
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Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Chec	k, etc.)	
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City	State	Zip Code	M.	. 0	Y	Amount		
Full Name of Contributor			Door	tration M	mher 14	PAC		
Full Name of Contributor					Registration Number, if PAC			
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Chec	k, etc.}	
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City	State	Zip Code	М	D	Y	Amount		
			:	!	_ !	<u></u>		
Full Name of Contributor		<u> </u>	Regis	tration Nu	ımber, if	PAC		
Street Address	ation*			Form (Cash, Chec	ck, etc.)			
	amployer/occ	Employer/Occupation/Labor Organization*					,	
City	State	Zip Code	M	D	Y	Amount	_	
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\* 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(8)(4)]

Page Total \$ 575.00