

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard				
Full Name of Contributor BARRY FROMM		Employer, Occupation, Labor Organization * VALUE RECOVERY		Registration Number, if PAC
Street Address 2460 STONEHAVEN CT N		Description of Item or Service Food Beverage Rental Fee		M D Y Fair Market Value 1 0 0 8 0 8 335.17
City COLUMBUS		State OH	Zip Code 43220	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor BARBARA SOKOL		Employer, Occupation, Labor Organization * RETIRED		Registration Number, if PAC
Street Address 2346 FISHINGER RD		Description of Item or Service Food & Beverage Exp		M D Y Fair Market Value 0 7 2 4 0 8 1,868.00
City COLUMBUS		State OH	Zip Code 43221	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor KAREN BIGELOW		Employer, Occupation, Labor Organization * US BANK		Registration Number, if PAC
Street Address 10 WEST BROAD ST		Description of Item or Service CATERING/POSTAGE		M D Y Fair Market Value 1 0 0 7 0 8 236.89
City COLUMBUS		State OH	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor SEAN WHALEN		Employer, Occupation, Labor Organization * US BANK		Registration Number, if PAC
Street Address 10 WEST BROAD ST		Description of Item or Service CATERING/POSTAGE		M D Y Fair Market Value 1 0 0 7 0 8 236.89
City COLUMBUS		State OH	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor TIM REIDER		Employer, Occupation, Labor Organization * US BANK		Registration Number, if PAC
Street Address 10 WEST BROAD ST		Description of Item or Service CATERING/POSTAGE		M D Y Fair Market Value 1 0 0 7 0 8 236.89
City COLUMBUS		State OH	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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 \$ 2,913.84