

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor J. Scott Stevenson					Registration Number, if PAC		
Street Address 7107 Asheville Park Drive		Employer/Occupation/Labor Organization* Northwest Title/Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43235	M 0 3	D 3 1	Y 1 4	Amount 500.00	
Full Name of Contributor Theodore Manley					Registration Number, if PAC		
Street Address 1400 Goodale Blvd		Employer/Occupation/Labor Organization* Manley Deas Kochalski/Partner			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43212	M 0 4	D 0 8	Y 1 4	Amount 500.00	
Full Name of Contributor Tom Katzenmeyer					Registration Number, if PAC		
Street Address 448 W Nationwide Blvd, #401		Employer/Occupation/Labor Organization* Greater Columbus Arts Council/CEO			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 5	Y 1 4	Amount 250.00	
Full Name of Contributor Mark Milligan					Registration Number, if PAC		
Street Address 1275 Fountaine Drive		Employer/Occupation/Labor Organization* The Arlington Bank/Management			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 0 4	D 1 4	Y 1 4	Amount 250.00	
Full Name of Contributor Keith Bartlett					Registration Number, if PAC		
Street Address 1240 Westhill Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43213	M 0 4	D 2 7	Y 1 4	Amount 100.00	
Full Name of Contributor Deidre Thompson					Registration Number, if PAC		
Street Address 5399 Wesliegh Run Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43228	M 0 5	D 0 7	Y 1 4	Amount 25.00	
Full Name of Contributor Thomas Lamb					Registration Number, if PAC		
Street Address 5614 Chapman Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Delaware	State O H	Zip Code 43015	M 0 5	D 0 7	Y 1 4	Amount 250.00	
Full Name of Contributor Nikolaos Spyridonos					Registration Number, if PAC		
Street Address 8312 NW 8th Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Boca Raton	State F L	Zip Code 33487	M 0 6	D 0 9	Y 1 4	Amount 500.00	

* 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))