

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard									
Full Name of Contributor Stonewall Democrats of Central Ohio							Registration Number, if PAC		
Street Address 545 E Town St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43215		M 1 0		D 1 0	
						Y 1 2		Amount 100.00	
Full Name of Contributor John Zeiger/Zieger Tigges & Little LLP							Registration Number, if PAC		
Street Address 41 S High St, Ste 3500				Employer/Occupation/Labor Organization* Zeiger Tigges & Little/ Attorney				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43215		M 1 0		D 1 0	
						Y 1 2		Amount 200.00	
Full Name of Contributor Mark Ebner/Ebner Properties							Registration Number, if PAC		
Street Address 3455 E Broad St				Employer/Occupation/Labor Organization* Ebner Properties/Owner				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43213		M 1 0		D 1 0	
						Y 1 2		Amount 300.00	
Full Name of Contributor Stephen P. Campbell							Registration Number, if PAC		
Street Address 8430 Lazelle Village Dr				Employer/Occupation/Labor Organization* Plaza Properties/Vice President				Form (Cash, Check, etc.) Check	
City Lewis Center		State O H		Zip Code 43035		M 1 0		D 1 0	
						Y 1 2		Amount 500.00	
Full Name of Contributor Timothy Leonard							Registration Number, if PAC		
Street Address 599 Park Hill Dr, Apt 5				Employer/Occupation/Labor Organization* Plain Dealer/Writer				Form (Cash, Check, etc.) Check	
City Akron		State O H		Zip Code 44333		M 1 0		D 1 0	
						Y 1 2		Amount 500.00	
Full Name of Contributor Andrew Showe							Registration Number, if PAC		
Street Address 2480 W Lane Ave				Employer/Occupation/Labor Organization* Self-employed/ Real Estate				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43221		M 1 0		D 1 0	
						Y 1 2		Amount 500.00	
Full Name of Contributor OCSEA/AFSCME Local 11 Political Action Fund							Registration Number, if PAC LA292		
Street Address 390 Worthington Rd, Ste A				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State O H		Zip Code 43082		M 1 0		D 1 0	
						Y 1 2		Amount 1,000.00	
Full Name of Contributor Bill Goldman/Goldman & Braunstein, LLP							Registration Number, if PAC		
Street Address 500 S Front St, Ste 1200				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43215		M 1 0		D 1 7	
						Y 1 2		Amount 50.00	

* 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)]