

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Huntington Bancshares Incorporated PAC						Registration Number, if PAC C00165589	
Street Address 41 South High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 8	D 2 6	Y 1 3	Amount 1,000.00	
Full Name of Contributor Laura Comek/Crabbe, Brown & James						Registration Number, if PAC	
Street Address 500 South Front Street, Suite 1200			Employer/Occupation/Labor Organization* Crabbe, Brown & James/Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 8	D 2 6	Y 1 3	Amount 1,500.00	
Full Name of Contributor John W Royer						Registration Number, if PAC	
Street Address 1480 Dublin Rd			Employer/Occupation/Labor Organization* KRG/Principal			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 2	Y 1 3	Amount 100.00	
Full Name of Contributor United Steelworkers District 1 PCE						Registration Number, if PAC	
Street Address 777 Dearborn Park Ln, Ste J			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43085	M 1 0	D 1 7	Y 1 3	Amount 500.00	
Full Name of Contributor W. H. Hauser, Jr.						Registration Number, if PAC	
Street Address 400 Fairway Blvd			Employer/Occupation/Labor Organization* UBS/Financial Planner			Form (Cash, Check, etc.) Check	
City Whitehall	State O H	Zip Code 43213	M 1 0	D 1 7	Y 1 3	Amount 250.00	
Full Name of Contributor Lance Thompson/LTConsult, LLC						Registration Number, if PAC	
Street Address 884 Village Brook Way			Employer/Occupation/Labor Organization* LTConsult/Partner			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43235	M 1 2	D 0 4	Y 1 3	Amount 500.00	
Full Name of Contributor Andrew Jacobs						Registration Number, if PAC	
Street Address 300 W Spring St			Employer/Occupation/Labor Organization* Sustainable Agric Fund/Executive			Form (Cash, Check, etc.) Credit Card	
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 7	Y 1 3	Amount 500.00	
Full Name of Contributor Nikolaos Spyridonos						Registration Number, if PAC	
Street Address 8312 NW 8th Way			Employer/Occupation/Labor Organization* Autoagent Data Solutions/President			Form (Cash, Check, etc.) Credit Card	
City Boca Raton	State F L	Zip Code 33487	M 1 1	D 1 8	Y 1 3	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)]

Page Total \$ 4,850.00