FOR PAPER FILING ONLY

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		<u></u>				
Everyone for Ed Leonard						
Full Name of Contributor			D anistr	rtion Nun	nber, if PA	6
Sean Mentel			Kegisor	aliuli inui	ndei, ii ea	iC .
Street Address	Employer/Or	ccupation/Labor Organization*				Form (Cash, Check, etc.)
58 N 4th St	I ' -	1				
City	Self-ei	Self-employed/Attorney State Zip Code M			1 V	Credit Card
Columbus	I	H 43215		$\begin{vmatrix} D \\ 1 \end{vmatrix} 9$	$\begin{vmatrix} \mathbf{v} \\ 1 \end{vmatrix} 2$	Amount 250.00
Full Name of Contributor					nber, if PA	
Mark Barbash						
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
718 Euclaire	Self-e	Self-employed/Consultant				Credit Card
City	State	Zip Code	М	D	Y	Amount
Columbus	O T	H 43209	1016	2 7	1 2	250.00
Full Name of Contributor		Registration Number, if PA				
Theodore Manley						
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1400 Goodale Blvd, Ste 200	Manle	Manley Deas Kochalski/Attorney			Credit Card	
City	State	Zip Code	M	D	Y	Amount
Columbus		H 43212	016	1	1 2	250.00
Full Name of Contributor			_		$\frac{1}{1}$ ber, if PA	
Judith Levine		, 1111				
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)
6961 Princeville Ct	1 .	Roetzel & Andress/Attorney			Credit Card	
City	State Zip Code M D Y			Amount		
Blacklick		H 43004		0 8		100.00
Full Name of Contributor		1 10001			ber, if PA	
Jeffrey Ferriell						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
774 S Sixth St	1	Capital University/Professor			Credit Card	
City	State	Zip Code	М	l b	ΙΥ	Amount
Columbus		-I 43206		1 1	112	500.00
Full Name of Contributor		10200			ber, if PA	
Mark Wood						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3055 Glenrich Pkwv	Wood Companies/President			Credit Card		
City	State	Zip Code	М	D	Y	Amount
Columbus	OIF		1		1 2	
Full Name of Contributor		1 10221	Registra	ion Num	L I ∠ ber, if PA	1,000.00
Price Finley			1000000			C
Street Address	Fundover/Occ	cupation/Labor Organization*			_	Form (Cash, Check, etc.)
2454 Kensington Dr		Bricker & Eckler/Attorney				Credit Card
City	State	Zip Code	<u>у</u> м	D	Y	Amount
Columbus	OIF	'	017	1 3		100.00
Full Name of Contributor	1, 9 ! -	1 10221			ber, if PA	
Dave Sceva					ou,	
Street Address	Employer/Oct	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1254 Park Plaza Dr	Huntington Bank/Banker			Credit Card		
City	State	Zip Code	М	D	Y	Amount
Columbus	0 1	l .	1	1 9	ſ .	400.00
331411343		- 10210	1017		1 4	100.00

Page Total \$	3,350.00

^{*} 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)]