

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full EVERYONE FOR ED LEONARD										
Full Name of Contributor PLUMBERS AND PIPEFITTERS LOCAL UNION 189						Registration Number, if PAC 6220				
Street Address 1250 KINNEAR RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City COLUMBUS			State O H		Zip Code 43212		M 0 2	D 1 1	Y 0 8	Amount 500.00
Full Name of Contributor BRICKER & ECKLER LLP STATE PAC						Registration Number, if PAC OH821				
Street Address 100 S THIRD ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City COLUMBUS			State O H		Zip Code 43215		M 0 1	D 3 0	Y 0 8	Amount 500.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount

* 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 \$ 1,000.00