

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Wiles Boyle Burkholder Bringardner PAC					Registration Number, if PAC CP 1058		
Street Address 300 Spruce St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 1 3	Y 1 2	Amount 500.00	
Full Name of Contributor Jack D'Aurora/The Behal Law Group LLC					Registration Number, if PAC		
Street Address 501 S High St		Employer/Occupation/Labor Organization* The Behal Law Group/ Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 1 3	Y 1 2	Amount 500.00	
Full Name of Contributor Teachers for Better Schools					Registration Number, if PAC		
Street Address 929 E Broad St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 0 8	D 1 3	Y 1 2	Amount 1,000.00	
Full Name of Contributor Adam Kaplin					Registration Number, if PAC		
Street Address 2901 E 4th Ave		Employer/Occupation/Labor Organization* Warehouse Services, Inc./CEO			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 0 8	D 1 3	Y 1 2	Amount 3,000.00	
Full Name of Contributor Richard A. Benjamin					Registration Number, if PAC		
Street Address 4828 Rays Cir		Employer/Occupation/Labor Organization* Self-employed/ Realtor			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 8	D 1 7	Y 1 2	Amount 100.00	
Full Name of Contributor Tom Rosenberg/Roetzel & Andress LPA					Registration Number, if PAC		
Street Address 155 E Broad St, 12th Fl		Employer/Occupation/Labor Organization* Roetzel & Andress/ Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 1 7	Y 1 2	Amount 300.00	
Full Name of Contributor UFCW Local 1059 Active Ballot Club PAC					Registration Number, if PAC LA437		
Street Address 4150 E Main St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 8	D 1 7	Y 1 2	Amount 1,000.00	
Full Name of Contributor Hearcel Craig for Council					Registration Number, if PAC		
Street Address 550 E Walnut St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 3 0	Y 1 2	Amount 250.00	

* 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 \$ 6,650.00