

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Everyone for Ed Leonard							
Full Name Staples				Registration Number, if PAC			
Address 1747 Olentangy River Road		Type* R E		M 0	D 6	Y 2	Amount 29.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) DC				
Full Name Strickland for Senate				Registration Number, if PAC C00573212			
Address PO Box 2196		Type* R E		M 0	D 6	Y 3	Amount 1,000.00
City Columbus	State O H	Zip Code 43216	Form(Cash,Check,etc) Check				
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)				

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1,029.00