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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Everyone for Ed Leonard								
Full Name of Contributor			Registrat	ion Numb	er, if PA	С		
Michael S. Schiff								
Street Address	Employer/Occupa	uion/Labor Organization*	_		1	Form (Cash, Che	ck, etc.)	
233 Preston Road	İ					Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43209	1 1	2 4	1 4		250.00	
Full Name of Contributor			Registra	ion Numb	et, if PA	С		
James K Williams III								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)			
2518 Darling Road	ļ					Check		
City	State	Zip Code	М	D	Y	Amount		
	OTH	43004	1 1 1	2 4	1 4		250.00	
Blacklick Full Name of Contributor		10001		tion Numb	er, if PA	.c		
Barbara K Brandt								
Street Address	Frankover/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
	22410,11101114					Check		
2333 Brentwood Rd	State	Zip Code	Т м	D	Y	Amount	_	
City	OIH	43209	111	214	1 4		100.00	
Columbus	10111	43209		tion Numl		C.	100.00	
Full Name of Contributor			1 -	01285				
JP Morgan Chase & Co PAC	F1(Occup	ation/Labor Organization*	<u> </u>	<u> </u>		Form (Cash, Che	eck, etc.)	
Street Address	Employer/Occupation/Labor Organization*			Check				
601 Pennsylvania Ave NW 7th Fl		Ta: 0 1	М	l D	Y	Amount		
City	State	Zip Code	- I .		1 4	/unomit	500.00	
Washington	DIC	20004	1 1 1 1	2 4 ution Num		<u></u>	300.00	
Full Name of Contributor			Registra	mon wan	Des, II FA	···		
Michael F Curtin						Form (Cash, Ch	entrate)	
Street Address	Employer/Occupation/Labor Organization*			,	CCK, CIC.)			
1370 Cambridge Blvd		<u></u>				Check		
City	State	Zip Code	M	D	Y	Amount	100.00	
Columbus	<u> </u>	43212	111	2 4	1 4		100.00	
Full Name of Contributor			Registra	ation Num	ber, if P/	AC .		
Robert J Weiler							 	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
10 N High St, Ste 401	<u> </u>			_		Check		
City	State	Zîp Code	M	D	Y	Amount		
Columbus	O H	43215	111	214	1 4		500.00	
Full Name of Contributor			Registr	ation Nur	iber, if Pa	AC		
Wayne A Garland Jr								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1988 Woodlands Pl					Check			
City	State	Zip Code	М	D	Y	Amount		
Poweli	OH	43065	111				100.00	
Full Name of Contributor			Registr	ation Nun	iber, if P.	AC	<u> </u>	
M/I Homes PAC			CI	1203				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
				Check				
3 Easton Oval, Suite 420	State	Zip Code	М	D	Y	Amount		
City	OIH	1 '	1111	2 4	114	ı l	100.00	
Columbus	1 0 1	didnes. If contributor is self-er	1 4					

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 S	1,900.00