Page	3	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Company in Fig. 11								
Name of Committee in Full								
Everyone for Ed Leonard								
Full Name of Contributor				Registration Number, if PAC				
Tom Katzenmeyer	1	···				Ta		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
448 W Nationwide #401						Credit Card		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OIH	43215	0 1	216	1 6	250.00		
Full Name of Contributor Registration Number, if PAC								
Marv Duffev	,							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
4740 Havden Run Road					_	Credit Card		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43221	0 1	217	116	100.00		
Full Name of Contributor			Registra	ation Nur	ber, if PA	C		
Robert Meyers/Marconi Partners LLC								
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)		
240B Tappen Drive N						Check		
City	State	Zip Code	М	D	Y	Amount		
Mansfield	OIH	44906	01	218	116	2,500.00		
Full Name of Contributor	:				ber, if PA	<u> </u>		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
	' ' '	ū						
City	State	Zip Code	М	D	Y	Amount		
	1 1	'	1 .	1 1	l ,			
Full Name of Contributor	<u> </u>	<u></u>	Registra	ation Num	ber if PA	L C		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	Тм	D	Ý	Amount		
Chy	l state	Zip Code	"		',	, uncum		
Evil Mana of Constitutes	1	<u> </u>	Paristro	tion Num	l 1 her if DA			
Full Name of Contributor Registration Number, if PAC								
C	Employer (Decorposing) share Organization							
Street Address Employer/Occupation/Labor Organization* Form								
<u> </u>		[T. C. I	Lv	I n	Ιν	Amount		
City	State	Zip Code	M	D	Y	Amouni		
			in i	1	1000	<u> </u>		
Full Name of Contributor			Kegistra	ation Nurr	ber, if PA	i.C		
						- (0 1 00 1		
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
		· · · · · · · · · · · · · · · · · · ·						
City	State	Zip Code	М	D	Y	Amount		
	1	<u></u>		1	1			
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		

Page Total \$ 2,850.00

^{*} 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)]