

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Andrew Madison					Registration Number, if PAC		
Street Address 464 East Main Street, Suite 100		Employer/Occupation/Labor Organization* RS Garek Associates/Real Estate			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 5	D 2 9	Y 1 3	Amount 250.00	
Full Name of Contributor Nikolaos Spvridonos					Registration Number, if PAC		
Street Address 505 North McClurg Court		Employer/Occupation/Labor Organization* Autoagent Data Solutions/President			Form (Cash, Check, etc.) Credit Card		
City Chicago	State I L	Zip Code 60611	M 0 6	D 0 4	Y 1 3	Amount 500.00	
Full Name of Contributor Larry Canini					Registration Number, if PAC		
Street Address 29 Keswick Drive		Employer/Occupation/Labor Organization* Canini & Associates/Consultant			Form (Cash, Check, etc.) Credit Card		
City Powell	State O H	Zip Code 43065	M 0 6	D 1 3	Y 1 3	Amount 250.00	
Full Name of Contributor Joyce Garver Keller					Registration Number, if PAC		
Street Address 2607 Sherwood Drive		Employer/Occupation/Labor Organization* Ohio Jewish Communities/Exec Director			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43209	M 0 6	D 1 3	Y 1 3	Amount 100.00	
Full Name of Contributor Robert Meeder					Registration Number, if PAC		
Street Address PO Box 7177		Employer/Occupation/Labor Organization* Meeder Investment Management/Pres			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 6	D 1 7	Y 1 3	Amount 100.00	
Full Name of Contributor Carol McGuire					Registration Number, if PAC		
Street Address 293 Hopewell Drive		Employer/Occupation/Labor Organization* CAM Associates LLC/Consultant			Form (Cash, Check, etc.) Credit Card		
City Powell	State O H	Zip Code 43065	M 0 6	D 1 3	Y 1 3	Amount 100.00	
Full Name of Contributor Contributions at Events from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 19,685.00	
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	

* 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)]