

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Colleen Schmitt					Registration Number, if PAC		
Street Address 440 Bent Twig Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Vandalia	State O H	Zip Code 45377	M 0 5	D 1 2	Y 1 4	Amount 100.00	
Full Name of Contributor Michael J Johrendt					Registration Number, if PAC		
Street Address 42 Park Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 5	D 1 2	Y 1 4	Amount 250.00	
Full Name of Contributor Stephen C Fitch					Registration Number, if PAC		
Street Address 885 Robins Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 5	D 1 2	Y 1 4	Amount 25.00	
Full Name of Contributor Joseph C Pickens					Registration Number, if PAC		
Street Address 1404 S 5th St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43207	M 0 5	D 1 2	Y 1 4	Amount 50.00	
Full Name of Contributor J Anthony Kington					Registration Number, if PAC		
Street Address 1786 Millwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 5	D 1 2	Y 1 4	Amount 100.00	
Full Name of Contributor James B Maniace					Registration Number, if PAC		
Street Address 155 W Main St, Apt 605		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 2	Y 1 4	Amount 100.00	
Full Name of Contributor Lance Thompson/LTConsult LLC					Registration Number, if PAC		
Street Address 884 Village Brook Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0 5	D 1 2	Y 1 4	Amount 250.00	
Full Name of Contributor Brian C Barker					Registration Number, if PAC		
Street Address 1698 Berkshire Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 5	D 1 2	Y 1 4	Amount 200.00	

* 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 \$ 1,075.00