

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Ellen McQuade					Registration Number, if PAC		
Street Address 97 Country Club Dr SE		Employer/Occupation/Labor Organization* None/Retired			Form (Cash, Check, etc.) Check		
City Warren	State O	H H	Zip Code 44484	M 1	D 1	Y 0	Amount 20.00
Full Name of Contributor Nancy Orlando					Registration Number, if PAC		
Street Address 290 S Linden Ct		Employer/Occupation/Labor Organization* None/Homemaker			Form (Cash, Check, etc.) Check		
City Warren	State O	H H	Zip Code 44484	M 1	D 1	Y 0	Amount 25.00
Full Name of Contributor Otto Beatty Jr					Registration Number, if PAC		
Street Address 233 S High St, Ste 300		Employer/Occupation/Labor Organization* Self-employed/ Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 1	D 1	Y 0	Amount 100.00
Full Name of Contributor Michael E. Zatezalo					Registration Number, if PAC		
Street Address 1176 Harrison Pond Dr		Employer/Occupation/Labor Organization* Kegler Brown Hill & Ritter/ Attorney			Form (Cash, Check, etc.) Check		
City New Albany	State O	H H	Zip Code 43054	M 1	D 1	Y 0	Amount 250.00
Full Name of Contributor Roger P. Sugarman					Registration Number, if PAC		
Street Address 6025 Cranberry Ct		Employer/Occupation/Labor Organization* Kegler Brown Hill & Ritter/ Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43213	M 1	D 1	Y 0	Amount 250.00
Full Name of Contributor Robert L. Fiorita					Registration Number, if PAC		
Street Address 4775 Chaddington Dr		Employer/Occupation/Labor Organization* New Village Communities/Principal			Form (Cash, Check, etc.) Check		
City Dublin	State O	H H	Zip Code 43017	M 1	D 1	Y 0	Amount 500.00
Full Name of Contributor JP Morgan Chase & Co PAC					Registration Number, if PAC C00128512		
Street Address 10 S Dearborn St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chicago	State I	L L	Zip Code 60603	M 1	D 1	Y 0	Amount 1,000.00
Full Name of Contributor Friends of Heard					Registration Number, if PAC		
Street Address 87 S Hampton Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43213	M 1	D 1	Y 1	Amount 250.00

* 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 \$ 2,395.00