

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Harry J. Lehman					Registration Number, if PAC		
Street Address 5 Pickett Pl		Employer/Occupation/Labor Organization* None/Retired			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 7	D 2 3	Y 1 2	Amount 200.00	
Full Name of Contributor George N. Simpson					Registration Number, if PAC		
Street Address 258 S Drexel Ave		Employer/Occupation/Labor Organization* NAI Ohio Equities/President			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 7	D 2 3	Y 1 2	Amount 250.00	
Full Name of Contributor Columbus Franklin County AFL-CIO PCE					Registration Number, if PAC PCE		
Street Address 1545 Alum Creek Dr, 2nd Fl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 7	D 2 3	Y 1 2	Amount 500.00	
Full Name of Contributor Keith T. Bartlett					Registration Number, if PAC		
Street Address 1240 Westhill Dr		Employer/Occupation/Labor Organization* Fr. Co. Muni Court/ Administrator			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 7	D 2 7	Y 1 2	Amount 100.00	
Full Name of Contributor Anne Marie Sferra					Registration Number, if PAC		
Street Address 6034 Tuckahoe Ct		Employer/Occupation/Labor Organization* Bricker & Eckler/ Attorney			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 7	D 2 7	Y 1 2	Amount 100.00	
Full Name of Contributor NiSource Inc., PAC					Registration Number, if PAC C00051979		
Street Address 200 Civic Center Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 2 7	Y 1 2	Amount 150.00	
Full Name of Contributor Mark Corna					Registration Number, if PAC		
Street Address 10153 Chelton Wood		Employer/Occupation/Labor Organization* Corna Kokosing/President			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0 7	D 2 7	Y 1 2	Amount 250.00	
Full Name of Contributor John D. Lee					Registration Number, if PAC		
Street Address 648 Mohawk St		Employer/Occupation/Labor Organization* RBC Capital Markets/Principal			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 8	D 1 3	Y 1 2	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 \$ 1,800.00