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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							 -		
Everyone for Ed Leonard									
Full Name of Contributor					Registration Number, if PAC				
Suzette R Heptinstall						,			
Street Address	Employer/O	ccupa	ntion/Labor Organization*				Form (Cash, Check, et	tc.)	
1022 Marksworth Rd	Nurse Practioner						Check	·	
City	State		Zip Code	М	D	Y	Amount		
Gatonsville	$M \perp$	D	21228	019	115	1 5	2.00	00.00	
Full Name of Contributor	<u> </u>								
Brian C Barker									
Street Address	Employer/O	ccupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
1698 Berkshire Rd	Snyder Barker Investments			s/Realtor			Check		
City:	State		Zip Code	М	D	Y	Amount		
Columbus	01	Н	43221	019	1 5	115	5€	00.00	
Full Name of Contributor			<u> </u>	-		beт, if PA			
Nikolaos Spyridonos									
Street Address	Employer/O	ccupa	tion/Labor Organization*	•		,	Form (Cash, Check, et	tc.)	
3497 Pine Haven Circle							Check		
City	State		Zip Code	М	D	Y	Amount		
Boca Raton] F [L	33431	1 2	019	1 5	50	00.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	c <u> </u>		
Contributions from Form 31-E									
Street Address	Employer/O	ccupa	ation/Labor Organization*				Form (Cash, Check, et	ic.)	
	ļ								
City	State		Zip Code	М	D	Y	Amount		
	<u> </u>			0 1	216			55.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Andrew Jacobs									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
111 W 110th St, Apt 14C			Υ .	,	,		Credit Card	<u>1</u>	
City	State	v	Zip Code	M	D	Y	Amount		
New York	N	<u>Y</u>	10026		1 7			00.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	C		
Michael Scoliere	T			Ь					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
4603 Gwynedd Ct			la: c :	1 1/	T 5	1	Credit Card	1	
City	State		Zip Code	M	D	Y	Amount	10.00	
Dublin	01	11	43016			116		00.00	
Full Name of Contributor				Registra	tion Num	ber, if PA			
Dale Heydlauff Street Address	IFlever/O		sian/Labas Orangiantian#			-	Form (Cash, Check, et	·c.)	
	Employer/Occupation/Labor Organization*						Credit Card		
2390 Sheringham Rd	State		Zip Code	М	D	Y	Amount	1	
Columbus	0	Н	43220	01	211	1 6		50.00	
Full Name of Contributor	101		43220			ber, if PA		0.00	
Kent Markus				i tegisau					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, et	tc.)		
5636 Indian Hill Rd						Credit Card			
City	State		Zip Code	М	D	Y	Amount		
Dublin	0	Н	43017	0 1	213			00.00	
Dubint	, ,		1001	1011	1-:0	1 1 0		7.70	

Page Total \$ 27,805.00

^{*} 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)]