

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard									
Full Name of Contributor Mark Barbash						Registration Number, if PAC			
Street Address 175 S 3rd St, Ste 1200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H	Zip Code 43215		M 0 1	D 3 1	Y 1 6	Amount 150.00	
Full Name of Contributor Bruce Dooley						Registration Number, if PAC			
Street Address 252 W Fifth Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H	Zip Code 43201		M 0 2	D 0 2	Y 1 6	Amount 500.00	
Full Name of Contributor Keith Bartlett						Registration Number, if PAC			
Street Address 1240 Westhill Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H	Zip Code 43213		M 0 2	D 0 4	Y 1 6	Amount 100.00	
Full Name of Contributor George Kontogiannis						Registration Number, if PAC			
Street Address 400 S 5th St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H	Zip Code 43215		M 0 2	D 0 5	Y 1 6	Amount 500.00	
Full Name of Contributor Larisa Forester						Registration Number, if PAC			
Street Address 1360 S High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H	Zip Code 43207		M 0 2	D 0 8	Y 1 6	Amount 100.00	
Full Name of Contributor Yvette McGee Brown						Registration Number, if PAC			
Street Address 643 Crossing Creek S			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H	Zip Code 43230		M 0 2	D 1 5	Y 1 6	Amount 100.00	
Full Name of Contributor Mark Wood						Registration Number, if PAC			
Street Address 3055 Glenrich Pkwy			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H	Zip Code 43221		M 0 2	D 1 6	Y 1 6	Amount 250.00	
Full Name of Contributor William Dawes						Registration Number, if PAC			
Street Address 2445 Billingslev Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H	Zip Code 43235		M 0 2	D 1 9	Y 1 6	Amount 100.00	

* 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