

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Everyone for Ed Leonard</b>							
Full Name of Contributor <b>Robert J Weiler</b>					Registration Number, if PAC		
Street Address <b>10 N High St, Ste 401</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>3</b>	Y <b>11</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>Marv Spahia-Carducci</b>					Registration Number, if PAC		
Street Address <b>5212 Preston Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>3</b>	Y <b>11</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Laura E. Spears</b>					Registration Number, if PAC		
Street Address <b>21 E State St, Ste 2000</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>3</b>	Y <b>11</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Mark Corna</b>					Registration Number, if PAC		
Street Address <b>2101 Abbotsford Green Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>3</b>	Y <b>11</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>William G Huddle</b>					Registration Number, if PAC		
Street Address <b>9394 Din Eidvn Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>3</b>	Y <b>11</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Herbert B Asher</b>					Registration Number, if PAC		
Street Address <b>34 W Poplar Ave, Apt 501</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>3</b>	Y <b>11</b>	Amount <b>100.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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 \$ 875.00