## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

		<u></u>					
Name of Committee in Full	-	<u> </u>					
Everyone for Ed Leonard							
ull Name of Contributor			Registration Number, if PAC				
Larisa J Forester							
Street Address	Employer/Occup	ation/Labor Organization*	_			Form (Cash, Che	ck, etc.)
1360 S High St					Check		
City	State	Zip Code	M	D	Ý	Amount	
Columbus	OIH	43207	1015	1   2	1   4:		100.00
Pull Name of Contributor				tion Num		С	
Donald B Leach Jr							
Street Address	Employer/Occup				Form (Cash, Che	ck, etc.)	
191 W Nationwide Blvd, Ste 300					Check		
City	State	Zip Code	ΙM	D	Y	Amount	
Columbus	ОІН	43215	1015	1   2	1 4		250.00
Full Name of Contributor	101	40210		tion Num		C	250.00
Joseph C Mastrangelo							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck. etc.)
PO Box 15902	Lampin, cir occup				Check		
City	State	Zip Code	M	D	Y	Amount	
l ·	1	43215		1 2		Alloun	100.00
Columbus Full Name of Contributor	Olu	<u> 4</u> 3213		1112 ition Num	1 4		100.00
			Registra	mon rem	uet, ii r A		
Christopher W Heiberger	IrInIOnnun	ation/Labor Organization*				Form (Cash, Che	ok ero \
Street Address	rampioyer/Occup				· ·	tk, tit.)	
99 S Westgate Ave		T	I n	Y	Check		
City	State	Zip Code	M	D		Amount	100.00
Columbus	10 H	43204	0 5	_	1 4	<u></u>	100.00
Full Name of Contributor			Registra	ition Num	ber, II PA	L	
James O Heiberger						E 45 1 6	.1
Street Address	Employer/Occup				Form (Cash, Che	ck, etc.)	
4595 Shires Ct		¥		T _		Check	
City	State	Zip Code	M	D	Y	Amount	=00.00
Columbus	OH	43220	0 5		114		500.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Myron N Terlecky							
Street Address	Employer/Occup				Form (Cash, Che	ck, etc.)	
6332 Oisin Ct						Check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	O   H	43016	<u>    0 5</u>	1 2	1 4		350.00
Full Name of Contributor	<u> </u>	· ·	Registra	tion Num	ber, if PA	C	
Bill Byers/Byers Minton & Associate	s LLC						
Street Address	Employer/Occup				Form (Cash, Che	ck. etc.)	
107 S High St		<u></u>			Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	O   H	43215	0 5	1   2	1   4		125.00
Full Name of Contributor			Registra	ttion Nur	ber, if PA	.c	
Andrew Minton/Byers Minton & As	sociates LLC						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
107 S High St				Check			
City	State	Zip Code	М	D	Ÿ	Amount	
Columbus	OH	43215	015	1   2	1   4	<u> </u>	125.00

\* 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 \$ 1,650.00