

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Larisa J Forester					Registration Number, if PAC		
Street Address 1360 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43207	M 0	D 5	Y 1 2 1 4	Amount 100.00	
Full Name of Contributor Donald B Leach Jr					Registration Number, if PAC		
Street Address 191 W Nationwide Blvd, Ste 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 5	Y 1 2 1 4	Amount 250.00	
Full Name of Contributor Joseph C Mastrangelo					Registration Number, if PAC		
Street Address PO Box 15902		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 5	Y 1 2 1 4	Amount 100.00	
Full Name of Contributor Christopher W Heiberger					Registration Number, if PAC		
Street Address 99 S Westgate Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0	D 5	Y 1 2 1 4	Amount 100.00	
Full Name of Contributor James O Heiberger					Registration Number, if PAC		
Street Address 4595 Shires Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 5	Y 1 2 1 4	Amount 500.00	
Full Name of Contributor Myron N Terlecky					Registration Number, if PAC		
Street Address 6332 Oisin Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0	D 5	Y 1 2 1 4	Amount 350.00	
Full Name of Contributor Bill Byers/Byers Minton & Associates LLC					Registration Number, if PAC		
Street Address 107 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 5	Y 1 2 1 4	Amount 125.00	
Full Name of Contributor Andrew Minton/Byers Minton & Associates LLC					Registration Number, if PAC		
Street Address 107 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 5	Y 1 2 1 4	Amount 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))