

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Kevin Futryk/Government Advantage Group						Registration Number, if PAC	
Street Address 100 E Gay St, Ste 701			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0	D 5	Y 2	Amount 50.00
Full Name of Contributor Amy Debra Klaben						Registration Number, if PAC	
Street Address 238 N Cassady Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley		State O H	Zip Code 43209	M 0	D 5	Y 2	Amount 100.00
Full Name of Contributor James W Smith						Registration Number, if PAC	
Street Address 5833 Heritage Lakes Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard		State O H	Zip Code 43026	M 0	D 5	Y 2	Amount 500.00
Full Name of Contributor Harry J Lehman						Registration Number, if PAC	
Street Address 5 Pickett Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany		State O H	Zip Code 43054	M 0	D 5	Y 2	Amount 100.00
Full Name of Contributor PNC PAC						Registration Number, if PAC C00035519	
Street Address 249 Fifth Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pittsburgh		State P A	Zip Code 15222	M 0	D 5	Y 2	Amount 500.00
Full Name of Contributor Bob Behal/The Behal Law Group LLC						Registration Number, if PAC	
Street Address 501 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 2	Amount 250.00
Full Name of Contributor Michael Palumbo/Gingo Palumbo Law Group LLC						Registration Number, if PAC	
Street Address 6100 Oak Tree Blvd, Ste 200			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Independence		State O H	Zip Code 44131	M 0	D 5	Y 2	Amount 500.00
Full Name of Contributor David Petroni/DFP Enterprises LLC						Registration Number, if PAC	
Street Address 25 Drew Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Springboro		State O H	Zip Code 45066	M 0	D 5	Y 2	Amount 500.00

* 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)]