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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Everyone for Ed Leonard								
Full Name of Contributor			Registra	ition Numi	ber, if PA	С		
Carpenters Local Union 200 PCE								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
1545 Alum Creek Dr						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОІН	43209	015	1   2	1 4	500.00		
Full Name of Contributor		10207		tion Numi				
Stephen E Mindzak			ľ					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
7995 Corsham Ct	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Money Order		
City	State	Zip Code	М	D	Y	Amount		
Dublin	ОН	43016	015		1 4	500.00		
Full Name of Contributor	[ 0	13010	_	tion Num				
			1 -	016558		C		
The Huntington Inc PAC Surer Address	Employar/Osam	ation# shor Organization#	Cu	J16556	<del>)                                    </del>	Form (Cash, Check, etc.)		
	Entployer/Occup	Employer/Occupation/Labor Organization*						
41 S High St		7:- C-1-	1 14	L 5	v	Check		
City	State O   H	Zip Code	M	D	Y	Amount 2 FOO OO		
Columbus	O   H	43215	0 5		1   4	2,500.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
FOP Political Education Fund								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
6800 Schrock Hill Ct						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OIH	43229	015		1   4	500.00		
Full Name of Contributor			Registra	tion Numl	ber, if PA	С		
Corey Crognale								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
1052 Acaro Dr						Check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	_ O   H	43230	0 5	1 2	1 4	250.00		
Full Name of Contributor			Registra	tion Numl	er, if PA	С		
Robert Weisman								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7277 Pennyroyal Pl						Check		
City	State	Zip Code	М	D	Y	Amount		
Dublin	OH	43017	015	1   2	1 4	250.00		
Full Name of Contributor	<u> </u>	<u>*                                    </u>		tion Num				
Wayne B Harer								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
2549 Tremont Rd					Check			
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОІН	43221	015	210	1   4	150.00		
Full Name of Contributor	, ,	10221		tion Num				
Michael Morrison/Government Advantage Group								
Street Address		Pation/Labor Organization*				Form (Cash, Check, etc.)		
100 E Gay St, Ste 701		¥				Check		
City	State	Zip Code	Тм	D	Y	Amount		
1 -	O H	43215		210		50.00		
Columbus		1 30410	INIS	1410	117	30.00		

Page Total \$ 4,700.00

<sup>\*</sup> 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)}