

FOR PAPER FILING ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard				
Full Name of Contributor Antoinette Wilson		Employer, Occupation, Labor Organization * Triumph Comm./Partner		Registration Number, if PAC
Street Address 1480 Dublin Rd		Description of Item or Service Event Expense		M D Y Fair Market Value 0 7 3 1 1 2 176.75
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Clarence Simmons		Employer, Occupation, Labor Organization * Simco Construction/Pres		Registration Number, if PAC
Street Address 4870 Sharon Hill Dr		Description of Item or Service Event Expense		M D Y Fair Market Value 0 8 2 7 1 2 242.41
City Columbus		State O H	Zip Code 43235	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Franklin County Democratic Party		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 545 E Town St		Description of Item or Service Printing		M D Y Fair Market Value 0 9 2 8 1 2 4,100.00
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Mary Ann Potter Lewis		Employer, Occupation, Labor Organization * Northwest Title/Executive		Registration Number, if PAC
Street Address 868 Lynbrook Rd		Description of Item or Service Event Expense		M D Y Fair Market Value 0 9 1 7 1 2 407.45
City Columbus		State O H	Zip Code 43235	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]