

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Aaron Granger					Registration Number, if PAC		
Street Address 7025 Lakebrook Blvd		Employer/Occupation/Labor Organization* Exel/ Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43235	M 0 9	D 1 4	Y 1 2	Amount 100.00	
Full Name of Contributor Stephen Daley					Registration Number, if PAC		
Street Address 4377 Shire Creek Ct		Employer/Occupation/Labor Organization* Ameriprise Financial/ Financial Advisor			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43026	M 0 9	D 1 7	Y 1 2	Amount 100.00	
Full Name of Contributor Charles Cecil					Registration Number, if PAC		
Street Address PO Box 112		Employer/Occupation/Labor Organization* First City Bank/ Banker			Form (Cash, Check, etc.) Credit Card		
City McArthur	State O H	Zip Code 45651	M 0 9	D 1 9	Y 1 2	Amount 50.00	
Full Name of Contributor Carla Sokol					Registration Number, if PAC		
Street Address 2051 Arlington Ave		Employer/Occupation/Labor Organization* Self-employed/Sports Marketing & Events			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 0 9	D 2 0	Y 1 2	Amount 100.00	
Full Name of Contributor Karen LaValley					Registration Number, if PAC		
Street Address 6510 S Old 3C Highway		Employer/Occupation/Labor Organization* None/Retired			Form (Cash, Check, etc.) Credit Card		
City Westerville	State O H	Zip Code 43080	M 0 9	D 2 0	Y 1 2	Amount 10.00	
Full Name of Contributor Douglass Shaffer					Registration Number, if PAC		
Street Address 919 Thomas Rd		Employer/Occupation/Labor Organization* Event 360/Workforce Management			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43212	M 0 9	D 2 0	Y 1 2	Amount 25.00	
Full Name of Contributor Fredric Goodman					Registration Number, if PAC		
Street Address 840 N Park St		Employer/Occupation/Labor Organization* FA Goodman Architects/Owner			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 4	Y 1 2	Amount 150.00	
Full Name of Contributor Barry Fromm					Registration Number, if PAC		
Street Address 2460 Stonehaven Ct N		Employer/Occupation/Labor Organization* Value Recovery Group/CEO			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43220	M 0 9	D 2 4	Y 1 2	Amount 250.00	

* 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)]