

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full	Prescribed by Secretary of State 2/01	
Everyone for Ed Leonard		
Full Name		Registration Number, if PAC
Huntington National Bank		
41 South High Street	Type*	M D Y Amount
City	State Zip Code	0 6 2 9 0 7 4.5
Columbus	O H 43215	Form(Cash/Check,etc) EFT
Full Name Huntington Notional D. 1		Registration Number, if PAC
Huntington National Bank Address	2000	
41 South High Street	Type* R E	M D Y Amount
City	State Zip Code	0 5 3 1 0 7 4.0 Form(Cash,Check,etc)
Columbus Full Name	O H 43215	EFT
Huntington National Bank	· ·	Registration Number, if PAC
Address	Type*	M D Y Amount
41 South High Street	RE	
<u>Columb</u> us	State Zip Code	U 6 2 0 0 7 66.59 Form(Cash,Check,etc)
ull Name	O H 43215	EFT
Huntington National Bank		Registration Number, if PAC
ddress	Type*	M D Y Amount
41 South High Street	RE	0 6 2 9 0 7 4.00
Columbus	State Zip Code O H 43215	Form(Cash,Check,etc)
ll Name	O H 43215	Registration Number, if PAC
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	Type*	M D Y Amount
<i>y</i>	State Zip Code	R- (2) I g
I.V		Form(Cash,Check,etc)
l Name		Registration Number, if PAC
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	Type*	M D Y Amount
	State Zip Code	Form(Cash,Check,etc)
Name		
		Registration Number, if PAC
ress	Type*	M D Y Amount
		M D Y Amount
	State Zip Code	Form(Cash,Check,etc)
Name		
		Registration Number, if PAC
CSS CSS	Type*	M D Y Amount
		Amount
	State Zip Code	Form(Cash,Check,etc)

committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$