## FOR PAPER FILING ONLY

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	<del></del>				•			
Everyone for Ed Leonard								
Full Name of Contributor	······································			Registr	ation Nur	nber, if PA	<u> </u>	
Wayne Garland				i togiim.	acron rvan			
Street Address	Employer/Oc				Form (Cash, Check, etc.)			
48 E 15th Ave		Estate Broker			Credit Card			
City	State Zip Code			M	D	ΙΥ	Amount	
Columbus	$\perp_{O}$	Η	43201	1110	116	1   2	250.00	
Full Name of Contributor	Registration Number, if P.							
Scott Hollingsworth								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
371 Fairway Cir	Hardcard Systems/Manag			ement			Credit Card	
City	State		Zip Code	М	D	Y	Amount	
Columbus		Ηİ	43213	110	1 9	1   2	400.00	
Full Name of Contributor					Registration Number, if PAC			
Larry Canini								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
PO Box 887	<u>  Canin</u>				Credit Card			
City	State		Zip Code	М	D	Y	Amount	
New Albany	O   1	ΗL	43054	1 0	1 9	1 2	50.00	
Full Name of Contributor			_	Registra	ation Nun	ber, if PA	С	
John Wymer								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
12850 Milnor Rd	Oakwood Management/Pr						Credit Card	
City	State	- 1	Zip Code	М	D	Y	Amount	
Pickerington		H	43147		1 9		100.00	
Full Name of Contributor Registration Number, if PAC								
Keith Key Street Address	Envilous/Occupation/Labor Occupies						5 (5 ) 5 )	
	Employer/Occupation/Labor Organization*			,			Form (Cash, Check, etc.)	
4249 Easton Way, Ste 220	KBK Enterprises/Presider			M D Y Amount			Credit Card	
Columbus		Ηľ	43219	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$	1			
Full Name of Contributor	1011	1	43419				500.00	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					-	Form (Cash, Check, etc.)	
							· ····· (Oddin, Check, ctc.)	
City	State	Z	Lip Code	Тм	D	Y	Amount	
				li		1		
Full Name of Contributor	<u>, '                                   </u>		_	Registra	tion Num	ber, if PA	C .	
				`				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Z	Tip Code	М	D	Y	Amount	
		- 1						
Full Name of Contributor Registration Number, if PAC							С	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	2	lip Code	M	D	Y	Amount	

\* 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)]

Page Total \$ 1,300.00