

# FOR PAPER FILING ONLY

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                             |  |  |                                                                                              |  |                          |                             |                                                |  |                                                     |                         |
|-------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------|--|--------------------------|-----------------------------|------------------------------------------------|--|-----------------------------------------------------|-------------------------|
| Name of Committee in Full<br><b>Everyone for Ed Leonard</b> |  |  |                                                                                              |  |                          |                             |                                                |  |                                                     |                         |
| Full Name of Contributor<br><b>Jerome Friedman</b>          |  |  |                                                                                              |  |                          | Registration Number, if PAC |                                                |  |                                                     |                         |
| Street Address<br><b>332 Cliffside Dr</b>                   |  |  | Employer/Occupation/Labor Organization*<br><b>OSU/ Associate VP External Relations</b>       |  |                          |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |                                                     |                         |
| City<br><b>Columbus</b>                                     |  |  | State<br><b>O   H</b>                                                                        |  | Zip Code<br><b>43202</b> |                             | M<br><b>0</b>   <b>7</b>                       |  | D<br><b>1</b>   <b>9</b>   Y<br><b>1</b>   <b>2</b> | Amount<br><b>250.00</b> |
| Full Name of Contributor<br><b>Richard Favata</b>           |  |  |                                                                                              |  |                          | Registration Number, if PAC |                                                |  |                                                     |                         |
| Street Address<br><b>6 Emma Ct</b>                          |  |  | Employer/Occupation/Labor Organization*<br><b>Value City/VP</b>                              |  |                          |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |                                                     |                         |
| City<br><b>Mahwah</b>                                       |  |  | State<br><b>N   J</b>                                                                        |  | Zip Code<br><b>07430</b> |                             | M<br><b>0</b>   <b>7</b>                       |  | D<br><b>2</b>   <b>0</b>   Y<br><b>1</b>   <b>2</b> | Amount<br><b>100.00</b> |
| Full Name of Contributor<br><b>Murray Engle</b>             |  |  |                                                                                              |  |                          | Registration Number, if PAC |                                                |  |                                                     |                         |
| Street Address<br><b>2 Edge of Woods</b>                    |  |  | Employer/Occupation/Labor Organization*<br><b>Self-employed/Furniture Sales</b>              |  |                          |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |                                                     |                         |
| City<br><b>New Albany</b>                                   |  |  | State<br><b>O   H</b>                                                                        |  | Zip Code<br><b>43054</b> |                             | M<br><b>0</b>   <b>7</b>                       |  | D<br><b>2</b>   <b>0</b>   Y<br><b>1</b>   <b>2</b> | Amount<br><b>50.00</b>  |
| Full Name of Contributor<br><b>Adam Lewin</b>               |  |  |                                                                                              |  |                          | Registration Number, if PAC |                                                |  |                                                     |                         |
| Street Address<br><b>2690 Bryden Rd</b>                     |  |  | Employer/Occupation/Labor Organization*<br><b>Hamilton Parker/President</b>                  |  |                          |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |                                                     |                         |
| City<br><b>Columbus</b>                                     |  |  | State<br><b>O   H</b>                                                                        |  | Zip Code<br><b>43219</b> |                             | M<br><b>0</b>   <b>7</b>                       |  | D<br><b>2</b>   <b>5</b>   Y<br><b>1</b>   <b>2</b> | Amount<br><b>50.00</b>  |
| Full Name of Contributor<br><b>Tanny Crane</b>              |  |  |                                                                                              |  |                          | Registration Number, if PAC |                                                |  |                                                     |                         |
| Street Address<br><b>3600 Kitzmiller Rd</b>                 |  |  | Employer/Occupation/Labor Organization*<br><b>Crane Group/Executive</b>                      |  |                          |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |                                                     |                         |
| City<br><b>New Albany</b>                                   |  |  | State<br><b>O   H</b>                                                                        |  | Zip Code<br><b>43054</b> |                             | M<br><b>0</b>   <b>7</b>                       |  | D<br><b>2</b>   <b>6</b>   Y<br><b>1</b>   <b>2</b> | Amount<br><b>500.00</b> |
| Full Name of Contributor<br><b>Kent Markus</b>              |  |  |                                                                                              |  |                          | Registration Number, if PAC |                                                |  |                                                     |                         |
| Street Address<br><b>5636 Indian Hill Rd</b>                |  |  | Employer/Occupation/Labor Organization*<br><b>US Government/Attorney</b>                     |  |                          |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |                                                     |                         |
| City<br><b>Dublin</b>                                       |  |  | State<br><b>O   H</b>                                                                        |  | Zip Code<br><b>43017</b> |                             | M<br><b>0</b>   <b>7</b>                       |  | D<br><b>2</b>   <b>7</b>   Y<br><b>1</b>   <b>2</b> | Amount<br><b>500.00</b> |
| Full Name of Contributor<br><b>Mike Miller</b>              |  |  |                                                                                              |  |                          | Registration Number, if PAC |                                                |  |                                                     |                         |
| Street Address<br><b>1010 Augusta Glen Dr</b>               |  |  | Employer/Occupation/Labor Organization*<br><b>Michaels &amp; Kohl Inc/Property Managemer</b> |  |                          |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |                                                     |                         |
| City<br><b>Columbus</b>                                     |  |  | State<br><b>O   H</b>                                                                        |  | Zip Code<br><b>43235</b> |                             | M<br><b>0</b>   <b>7</b>                       |  | D<br><b>3</b>   <b>0</b>   Y<br><b>1</b>   <b>2</b> | Amount<br><b>100.00</b> |
| Full Name of Contributor<br><b>Jolene Molitoris</b>         |  |  |                                                                                              |  |                          | Registration Number, if PAC |                                                |  |                                                     |                         |
| Street Address<br><b>7012 Ballantree Loop</b>               |  |  | Employer/Occupation/Labor Organization*<br><b>US Railcar Co/Transportation Professional</b>  |  |                          |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |                                                     |                         |
| City<br><b>Dublin</b>                                       |  |  | State<br><b>O   H</b>                                                                        |  | Zip Code<br><b>43016</b> |                             | M<br><b>0</b>   <b>7</b>                       |  | D<br><b>3</b>   <b>0</b>   Y<br><b>1</b>   <b>2</b> | Amount<br><b>100.00</b> |

\* 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 \$ 1,650.00