

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Steven J Boone					Registration Number, if PAC		
Street Address 1780 Welsh Hills Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Granville	State O H	Zip Code 43023	M 0 2	D 1 7	Y 1 6	Amount 500.00	
Full Name of Contributor Robert W Crosbv Jr					Registration Number, if PAC		
Street Address 1520 Thurell Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 0 2	D 1 7	Y 1 6	Amount 40.00	
Full Name of Contributor Don L Brown					Registration Number, if PAC		
Street Address 3921 Lytham Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 0 2	D 1 7	Y 1 6	Amount 100.00	
Full Name of Contributor James W Smith					Registration Number, if PAC		
Street Address 5833 Heritage Lakes Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 2	D 1 7	Y 1 6	Amount 75.00	
Full Name of Contributor Kelly Dav Ruoff					Registration Number, if PAC		
Street Address 43 E Frankfort St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 2	D 1 7	Y 1 6	Amount 250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Friends for Ginther					Registration Number, if PAC		
Street Address 545 E Town St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 2	D 1 7	Y 1 6	Amount 2,500.00	
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0 2	1 7	1 6	4,900.00	

* 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)]

Page Total \$ 8,365.00