

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Cathy Williams					Registration Number, if PAC		
Street Address 6193 Billington Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43213	M 0 5	D 1 2	Y 1 4	Amount 50.00	
Full Name of Contributor William C Jennison					Registration Number, if PAC		
Street Address 4958 Longbenton Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 5	D 1 2	Y 1 4	Amount 100.00	
Full Name of Contributor Teachers for Better Schools					Registration Number, if PAC		
Street Address 929 E Broad St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 0 5	D 1 2	Y 1 4	Amount 500.00	
Full Name of Contributor Wade Allen Rakes II					Registration Number, if PAC		
Street Address 15 E Kirby St, Apt 321		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Detroit	State M I	Zip Code 48202	M 0 5	D 1 2	Y 1 4	Amount 25.00	
Full Name of Contributor Daniel P Lacey					Registration Number, if PAC		
Street Address 1500 Clubview Blvd S		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0 5	D 1 2	Y 1 4	Amount 50.00	
Full Name of Contributor Daniel M McCarthy					Registration Number, if PAC		
Street Address 4355 Shelbourne Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 5	D 1 2	Y 1 4	Amount 250.00	
Full Name of Contributor Robert P Milich					Registration Number, if PAC		
Street Address 832 Bears Den Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Youngstown	State O H	Zip Code 44511	M 0 5	D 1 2	Y 1 4	Amount 100.00	
Full Name of Contributor Jodi C Harris					Registration Number, if PAC		
Street Address 4583 Pine Tree Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0 5	D 1 2	Y 1 4	Amount 500.00	

* 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 \$ 1,575.00