

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Ahmad Nahvi					Registration Number, if PAC		
Street Address 6855 Morse Rd		Employer/Occupation/Labor Organization* Columbus/Engineer			Form (Cash, Check, etc.) Credit Card		
City New Albany	State O H	Zip Code 43054	M 0 5	D 2 3	Y 1 2	Amount 125.00	
Full Name of Contributor Doug Aschenbach					Registration Number, if PAC		
Street Address 300 W Spring St, Unit 804		Employer/Occupation/Labor Organization* OSU/Commercial Real Estate			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 5	D 2 9	Y 1 2	Amount 500.00	
Full Name of Contributor Larry Canini					Registration Number, if PAC		
Street Address 29 Keswick Dr		Employer/Occupation/Labor Organization* Self-employed/Design			Form (Cash, Check, etc.) Credit Card		
City New Albany	State O H	Zip Code 43054	M 0 5	D 3 0	Y 1 2	Amount 250.00	
Full Name of Contributor Dennis Zack					Registration Number, if PAC		
Street Address 2 Keswick Commons		Employer/Occupation/Labor Organization* Ohio Cancer Research/Founding Exec Dir.			Form (Cash, Check, etc.) Credit Card		
City New Albany	State O H	Zip Code 43054	M 0 6	D 0 6	Y 1 2	Amount 150.00	
Full Name of Contributor William DeMora					Registration Number, if PAC		
Street Address 100 Warren St		Employer/Occupation/Labor Organization* Strategies Unlimited/Consultant			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 6	D 0 6	Y 1 2	Amount 100.00	
Full Name of Contributor Tom Katzenmeyer					Registration Number, if PAC		
Street Address 448 W Nationwide Blvd, #401		Employer/Occupation/Labor Organization* OSU/Vice President			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 6	D 0 7	Y 1 2	Amount 500.00	
Full Name of Contributor Mo Dioun					Registration Number, if PAC		
Street Address 147 N High St		Employer/Occupation/Labor Organization* Stonehenge/Developer			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State O H	Zip Code 43230	M 0 6	D 0 7	Y 1 2	Amount 500.00	
Full Name of Contributor Don Brown					Registration Number, if PAC		
Street Address 3921 Lytham Ct		Employer/Occupation/Labor Organization* Franklin County/County Admin			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43230	M 0 6	D 0 7	Y 1 2	Amount 100.00	

* 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 \$ 2,225.00