## FOR PAPER FILING ONLY

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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Everyone for Ed Leonard						
Full Name of Contributor			Revis	ration Nur	nber if P/	AC
Michael Scoliere			Acgisi	ration iven	noct, it i 7	ic
Street Address	Employer/O	ccupation/Labor Organization	n*			Form (Cash, Check, etc.)
4603 Gwynedd Ct	Linebarger Goggan Blair/Attorney					
City	State	Zip Code	M	Теу	ΤΥ	Credit Card
Dublin		H 43016		$3 \mid 1$		
Full Name of Contributor	* * * *	···	Regist	ration Nun	nber, if PA	
Theodore Manley						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
4021 Fairfax Dr	Manley Deas Kochalski/Attorney				Credit Card	
City	State	Zip Code	M	T D	Y	Amount
Columbus	011	H 43220	nls	3 0 8	11/2	250.00
Full Name of Contributor				ration Nun		
Bonnie Milenthal			l ~			
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
340 S Parkview	' '	Milenthal Delgrosso/Communications				Credit Card
City	State	Zip Code	М	D	Y	Amount
Columbus	<b>I</b>	H 43209		0 6	1	
Full Name of Contributor	101	1 10207		ation Num		
Rex Littrell			1.08.30	ation Ivan	1001, 11 1 7	
Street Address	Employer/Oc	cupation/Labor Organization	*			Form (Cash, Check, etc.)
7112 Northmont Ct						
City	Ulmer Berne LLP/Attorney State Zip Code M D Y			Ιν	Credit Card	
Blacklick		H 43004		1	1	
Full Name of Contributor		1 43004		0 6 ation Num		50.00
Lisa Eschleman			Registi	adon Num	ioer, ii FA	C
Street Address	EmployariOs	cupation/Labor Organization				E (C 1 Cl 1
2141 Crimson Ct	Employer/Occupation/Labor Organization* Ohio Center for Law Relate					Form (Cash, Check, etc.)
City	State	Zip Code	Kelated Ec	T D		Credit Card
Columbus		_   '		1 ~	Y	Amount
Full Name of Contributor	O   I	H 43235		0 6		50.00
			Registr	ation Num	iber, ii PA	C
Jeffrey Mackey Street Address	[F.,]					n (0 ) n
1538 Melrose Ave	Employer/Occupation/Labor Organization* Self-employed/Attorney				Form (Cash, Check, etc.)	
City				т =	1	Credit Card
_ Columbus	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	O   F	H 43224		0 7		
			Registr	ation Num	ber, if PA	С
Dennis Leonard Street Address	- In					
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
510 City House Ct	Hunter Fan/Int'l Market Ma			٠		Credit Card
-	State	Zip Code	M	D	Y	Amount
Memphis	T   T	√ 38103		0 9		100.00
Full Name of Contributor Paul Feeney			Registr	ation Num	ber, if PA	C
Street Address	Employer/Occ	cupation/Labor Organization	<del></del>			Form (Cash, Check, etc.)
300 W Spring St, #902	Oracle/Sales			Credit Card		
City	State Zip Code M D Y			Amount		
Columbus	OIF	· ·	1	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$		
Columbus		<u> </u>	[0]9	IIV	1   2	100.00

Page Total	S	3,350.00

<sup>\*</sup> 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)]