

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page _____

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|--|--|--|--|--|--------------------------|---|---|
| Name of Committee in Full People for Page | | | | | | | |
| Full Name of Contributor Everyone for Ed Leonard | | | | | | Registration Number, if PAC | |
| Street Address 146 Granville St., Suite D | | | Employer/Occupation/Labor Organization* Politician | | | Form (Cash, Check, etc.) check | |
| City Gahanna | | | State OH | | Zip Code 43230 | | Amount 1 0 0 5 1 5 250.00 |
| Full Name of Contributor Nationwide Mutual Insurance Co. PAC | | | | | | Registration Number, if PAC C00076174 | |
| Street Address One Nationwide Plaza | | | Employer/Occupation/Labor Organization* Insurance | | | Form (Cash, Check, etc.) check | |
| City Columbus | | | State OH | | Zip Code 43215 | | Amount 1 0 1 3 1 5 \$1,250 |
| Full Name of Contributor Larry Moore | | | | | | Registration Number, if PAC | |
| Street Address 608 Bam St | | | Employer/Occupation/Labor Organization* Consulting | | | Form (Cash, Check, etc.) check | |
| City Pataskala | | | State OH | | Zip Code 43062 | | Amount 1 0 1 3 1 5 50.00 |
| Full Name of Contributor JP Morgan Chase & Co. PAC | | | | | | Registration Number, if PAC C00128512 | |
| Street Address 601 Pennsylvania Ave. NW | | | Employer/Occupation/Labor Organization* Banking | | | Form (Cash, Check, etc.) check | |
| City Washington | | | State DC | | Zip Code 20004 | | Amount 1 0 1 9 1 5 1,000.00 |
| Full Name of Contributor Deborah Klie | | | | | | Registration Number, if PAC | |
| Street Address 2087 Inchcliff Rd | | | Employer/Occupation/Labor Organization* City of Columbus | | | Form (Cash, Check, etc.) check | |
| City Columbus | | | State OH | | Zip Code 43221 | | Amount 1 0 1 8 1 5 100.00 |
| Full Name of Contributor Morris Berkley | | | | | | Registration Number, if PAC | |
| Street Address 1336 E. Gates St. | | | Employer/Occupation/Labor Organization* Self-employed | | | Form (Cash, Check, etc.) check | |
| City Columbus | | | State OH | | Zip Code 43206 | | Amount 1 0 1 9 1 5 150.00 |
| Full Name of Contributor AFSCME Ohio Council 8, AFL-CIO | | | | | | Registration Number, if PAC LA1273 | |
| Street Address 6800 North High St. | | | Employer/Occupation/Labor Organization* Labor | | | Form (Cash, Check, etc.) check | |
| City Worthington | | | State OH | | Zip Code 43085 | | Amount 1 0 2 1 1 5 \$1,000.00 |
| Full Name of Contributor Charleta Tavares | | | | | | Registration Number, if PAC | |
| Street Address 1237 Medford Rd | | | Employer/Occupation/Labor Organization* State Senator | | | Form (Cash, Check, etc.) check | |
| City Columbus | | | State OH | | Zip Code 43209 | | Amount 1 0 2 2 1 5 200.00 |

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **4,000.00**