

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard							
Full Name of Contributor Terry Payne					Registration Number, if PAC		
Street Address 13590 Woodtown Rd		Employer/Occupation/Labor Organization* MAPSYS/Software Services			Form (Cash, Check, etc.) Credit Card		
City Galena	State O H	Zip Code 43021	M 0 9	D 2 4	Y 1 2	Amount 100.00	
Full Name of Contributor James Herlihy					Registration Number, if PAC		
Street Address 1899 W 3rd Ave		Employer/Occupation/Labor Organization* Herlihy Moving & Storage/Manager			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43212	M 0 9	D 2 6	Y 1 2	Amount 100.00	
Full Name of Contributor Melvin Davis					Registration Number, if PAC		
Street Address 1221 Bruck St		Employer/Occupation/Labor Organization* Reminger/Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43206	M 1 0	D 0 5	Y 1 2	Amount 50.00	
Full Name of Contributor Gary Schottenstein					Registration Number, if PAC		
Street Address 2 Easton Oval, #510		Employer/Occupation/Labor Organization* Schottenstein Real Estate/President			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43219	M 1 0	D 0 8	Y 1 2	Amount 100.00	
Full Name of Contributor Mark Kitrick					Registration Number, if PAC		
Street Address 60 E Spring St, Ph 601		Employer/Occupation/Labor Organization* Kitrick Lewis & Harris/Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 9	Y 1 2	Amount 150.00	
Full Name of Contributor Mike Passella					Registration Number, if PAC		
Street Address 1294 Terrace Park Dr		Employer/Occupation/Labor Organization* Dinsmore & Shohl/Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 2	Y 1 2	Amount 100.00	
Full Name of Contributor Terry Hutson					Registration Number, if PAC		
Street Address 570 Terra Verde Ave		Employer/Occupation/Labor Organization* CCCTC/School Administrator			Form (Cash, Check, etc.) Credit Card		
City Columbiana	State O H	Zip Code 44408	M 1 0	D 1 5	Y 1 2	Amount 100.00	
Full Name of Contributor Wade Rakes					Registration Number, if PAC		
Street Address 15 E Kirby St, Apt 1126		Employer/Occupation/Labor Organization* Centene Corporation/Dir. Biz. Develop.			Form (Cash, Check, etc.) Credit Card		
City Detroit	State M I	Zip Code 48202	M 1 0	D 1 6	Y 1 2	Amount 15.00	

* 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)]