

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Everyone for Ed Leonard			
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
BARRY FROMM		VALUE RECOVERY	
Street Address		Description of Item or Service	M D Y Fair Market Value
2460 STONEHAVEN CT N		Food Beverage Rental Fee	1 0 0 8 0 8 335.17
City		State Zip Code	Received at Fundraising Event?
COLUMBUS		OH 43220	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
BARBARA SOKOL		RETIRED	
Street Address		Description of Item or Service	M D Y Fair Market Value
2346 FISHINGER RD		Food & Beverage Exp	0 7 2 4 0 8 1,868.00
City		State Zip Code	Received at Fundraising Event?
COLUMBUS		OH 43221	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
KAREN BIGELOW		US BANK	
Street Address		Description of Item or Service	M D Y Fair Market Value
10 WEST BROAD ST		CATERING/POSTAGE	1 0 0 7 0 8 236.89
City		State Zip Code	Received at Fundraising Event?
COLUMBUS		OH 43215	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
SEAN WHALEN		US BANK	
Street Address		Description of Item or Service	M D Y Fair Market Value
10 WEST BROAD ST		CATERING/POSTAGE	1 0 0 7 0 8 236.89
City		State Zip Code	Received at Fundraising Event?
COLUMBUS		OH 43215	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
TIM REIDER		US BANK	
Street Address		Description of Item or Service	M D Y Fair Market Value
10 WEST BROAD ST		CATERING/POSTAGE	1 0 0 7 0 8 236.89
City		State Zip Code	Received at Fundraising Event?
COLUMBUS		OH 43215	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]