

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard									
Full Name of Contributor Karen A Cincione						Registration Number, if PAC			
Street Address 1228 Cambridge Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43212		M 0 2	D 2 6	Y 1 6	Amount 200.00
Full Name of Contributor Joseph R Miller						Registration Number, if PAC			
Street Address 1670 Cambridge Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43212		M 0 2	D 2 6	Y 1 6	Amount 250.00
Full Name of Contributor United Steelworkers District 1 PCE						Registration Number, if PAC			
Street Address 777 Dearborn Park Ln, Ste J			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43085		M 0 2	D 2 6	Y 1 6	Amount 1,500.00
Full Name of Contributor Harry J Lehman						Registration Number, if PAC			
Street Address 5 Pickett Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany		State O H		Zip Code 43054		M 0 2	D 2 6	Y 1 6	Amount 150.00
Full Name of Contributor J Michael Cook						Registration Number, if PAC			
Street Address 338 Northland Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Medina		State O H		Zip Code 44256		M 0 2	D 2 9	Y 1 6	Amount 1,000.00
Full Name of Contributor Kelli L Hatfield						Registration Number, if PAC			
Street Address 4519 Kennv Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43220		M 0 2	D 2 9	Y 1 6	Amount 750.00
Full Name of Contributor Plumbers & Pipefitters LU 189 PCE Entity 6220						Registration Number, if PAC			
Street Address 1250 Kinnear Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43212		M 0 2	D 2 9	Y 1 9	Amount 500.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount

* 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 \$ 4,350.00