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# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                              |  |                                                                                                          |
|--------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>Leonard, Don, Ralph, , |  |                                                                                                          |
| (b) Address (number and street)<br>77 S Brinker Ave          |  | <input type="checkbox"/> Check if address changed                                                        |
| (c) City, State, and ZIP Code<br>Columbus OH 43204           |  | 2. Candidate's FEC Identification Number<br>H6OH15112                                                    |
| 4. Party Affiliation<br>DEMOCRATIC PARTY                     |  | 5. Office Sought<br>House                                                                                |
| 6. State & District of Candidate<br>OH 15                    |  | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

|                                                         |  |  |
|---------------------------------------------------------|--|--|
| (a) Name of Committee (in full)<br>DON LEONARD FOR OHIO |  |  |
| (b) Address (number and street)<br>77 SOUTH BRINKER AVE |  |  |
| (c) City, State, and ZIP Code<br>COLUMBUS OH 43204      |  |  |

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

|                                                                   |  |  |
|-------------------------------------------------------------------|--|--|
| (a) Name of Committee (in full)<br>IMPOSSIBLE TO INEVITABLE       |  |  |
| (b) Address (number and street)<br>600 PENNSYLVANIA AVE SE #15180 |  |  |
| (c) City, State, and ZIP Code<br>WASHINGTON DC 20003              |  |  |

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

|                                                  |                    |
|--------------------------------------------------|--------------------|
| Signature of Candidate<br>Leonard, Don, Ralph, , | Date<br>08/12/2026 |
|--------------------------------------------------|--------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|

Optional Supplemental Page for Designation  
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Don Leonard Victory Fund

(b) Address (number and street)

545 E Town St

(c) City, State, and ZIP Code

Columbus

OH

43215

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code