31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Leach for UA Council							
Full Name of Contributor						Registration Number, if PAC	
Susie L. Hahn							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4245 Reeedbury Lane							Check
City	State	Zip Code	M	D	Y		Amount
Upper Arlington	OH	43220	09	08	15		250.00
Full Name of Contributor						Registration Number, if PAC	
Peter W. Hahn							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4245 Reeedbury Lane							Check
City	State	Zip Code	M	D	Y		Amount
Upper Arlington	OH	43220	09	08	15		250.00
Full Name of Contributor						Registration Number, if PAC	
William P. Hall							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4141 Randmore Court							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	09	09	15		50.00
Full Name of Contributor						Registration Number, if PAC	
Charles F. Freiburger							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2435 Lane Woods Drive							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43221	09	09	15		250.00
Full Name of Contributor						Registration Number, if PAC	
Christopher G. Widing							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1251 Kenbrook Hills Drive							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	09	01	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Matthew A. Brandt							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2744 Ashinger Blvd.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43212	09	09	15		50.00
Full Name of Contributor						Registration Number, if PAC	
Richard Pontius							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3841 Patricia Road							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	09	09	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Thomas J. Bonasera							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
245 John H. McConnell Blvd.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	09	10	15		250.00

* 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)]

Page Total $ 1,300.00