

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Leach for UA Council							
Full Name of Contributor D. Brent Mulgrew					Registration Number, if PAC		
Street Address 1720 Fishinger Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 0 6	Y 1 1	Amount 250.00	
Full Name of Contributor Bruce A. Wall					Registration Number, if PAC		
Street Address 2480 Onandaga Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 0 6	Y 1 1	Amount 100.00	
Full Name of Contributor Ralph W. Anderson					Registration Number, if PAC		
Street Address 4469 Summit Ridge Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 6	D 0 7	Y 1 1	Amount 100.00	
Full Name of Contributor William D. Kloss					Registration Number, if PAC		
Street Address 2640 Dorset Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 0 7	Y 1 1	Amount 50.00	
Full Name of Contributor Priscilla D. Mead					Registration Number, if PAC		
Street Address 2281 Brixton Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 0 7	Y 1 1	Amount 40.00	
Full Name of Contributor Linda G. Readey					Registration Number, if PAC		
Street Address 3033 Loire Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 0 8	Y 1 1	Amount 25.00	
Full Name of Contributor Carl J. Aschinger					Registration Number, if PAC		
Street Address 2252 Club Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 0 8	Y 1 1	Amount 100.00	
Full Name of Contributor Gail M. Whitelaw					Registration Number, if PAC		
Street Address 2901 Eastcleft Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 0 8	Y 1 1	Amount 100.00	

* 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 \$ **765.00**