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				
D. Brent Mulgrew								
Street Address	Employer/Occup	ation/Labor Organization*	-			Form (Cash, Ch	eck, etc.)	
1720 Fishinger Road					Check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	$O \mid H$	43221	016	0 6	111		250.00	
Full Name of Contributor				tion Numb		c		
Bruce A. Wall								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
	Cimple) Coverpanion 2000 - Organization				Check			
2480 Onandaga Drive	State	Zip Code	М	D	Y	Amount	l.	
•	OH	43221	016		1 1		100.00	
Columbus Full Name of Contributor	0 12	40221		tion Numb		<u> </u>	100.00	
			КФДЛИГ		JOI, 11 1 1 1			
Ralph W. Anderson Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck etc.)	
	Ешрюуелоссир	anon/Labor Organization				Check		
4469 Summit Ridge Drive	- C1-4-	7:- C-1-	М		Y	Amount		
City	State H	Zip Code		D		Amount	100.00	
Columbus	OH	43220	0 6				100.00	
Full Name of Contributor			Kegistra	tion Numb	oer, ii PA	.0		
William D. Kloss	1=					6 (C. 1. 6)	-1	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
2640 Dorset Road						Check		
City	State	Zip Code	M	D	Y	Amount	50.00	
Columbus	0 H	43221	0 6	0 7		<u> </u>	50.00	
Full Name of Contributor			Registra	tion Numl	oer, if PA	.C		
Priscilla D. Mead								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2281 Brixton Road						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H_	43221		0 7	1 1		40.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	.C		
Linda G. Readey								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
3033 Loire Lane					Check			
City	State	Zip Code	М	D	Y	Amount	•	
Columbus	O H	43221	0 6	0 8	1 1	<u></u>	25.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	.C		
Carl J. Aschinger								
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Ch	eck, etc.)	
2252 Club Road				Check				
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОІН	43221	016	0 8	$1 \mid 1$	1	100.00	
Full Name of Contributor	<u> </u>			tion Num		.C		
Gail M. Whitelaw								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2901 Eastcleft Drive				Check				
City City	State	Zip Code	М	D	Y	Amount		
<u> </u>		43221		0 8	l .		100.00	
Columbus	O H	40441	IVIO	Inio	ГТ Т	<u> </u>	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