

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Leach for UA Council									
Full Name of Contributor Jennifer Blaser						Registration Number, if PAC			
Street Address 131 Winthrop Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43214		M 0 9		D 0 9	
						Y 1 5		Amount 100.00	
Full Name of Contributor Ryan Aiello						Registration Number, if PAC			
Street Address 275 O'Quinn Court				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Powell		State O H		Zip Code 43065		M 0 9		D 1 0	
						Y 1 5		Amount 50.00	
Full Name of Contributor Brian Hall						Registration Number, if PAC			
Street Address 1937 Collingswood Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal	
City Columbus		State O H		Zip Code 43221		M 0 8		D 2 7	
						Y 1 5		Amount 100.00	
Full Name of Contributor Paula Brooks Committee						Registration Number, if PAC			
Street Address 545 East Town Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Upper Arlington		State O H		Zip Code 43215		M 0 8		D 2 5	
						Y 1 5		Amount 250.00	
Full Name of Contributor Judy J. Miller						Registration Number, if PAC			
Street Address 5760 Heritage Lakes Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State O H		Zip Code 43026		M 0 8		D 1 8	
						Y 1 5		Amount 100.00	
Full Name of Contributor Brian P. Kinzelman						Registration Number, if PAC			
Street Address 4200 Randmore Court				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Upper Arlington		State O H		Zip Code 43220		M 0 8		D 2 6	
						Y 1 5		Amount 100.00	
Full Name of Contributor Mark K. Milligan						Registration Number, if PAC			
Street Address 1275 Fountaine Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43221		M 0 8		D 2 6	
						Y 1 5		Amount 100.00	
Full Name of Contributor Yvonne Perotti						Registration Number, if PAC			
Street Address 5849 Kingham Park				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State O H		Zip Code 43017		M 0 8		D 2 7	
						Y 1 5		Amount 25.00	

* 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)]