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**	
David D. Dygert							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4125 Clairmont Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Upper Arlington	OH	43220	05	14	15		250.00
Full Name of Contributor						**Registration Number, if PAC**	
Kimberly Dygert							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4125 Clairmont Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Upper Arlington	OH	43221	04	27	15		250.00
Full Name of Contributor						**Registration Number, if PAC**	
Robert G. Gillette							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4170 Oxford Drive							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	05	02	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Merry M. Hamilton							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1710 Essex Road							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	05	03	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Linda J. Mauger							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1247 Kenbrook Hills Dr.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	05	03	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
John R. Ness							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2730 Crafton Park							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	05	06	15		250.00
Full Name of Contributor						**Registration Number, if PAC**	
Gail M. Whitelaw							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2901 Eastcleft Drive							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	05	06	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Gregory R. Overmyer							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2667 Sandover Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	05	03	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 $ 1,275.00