31-A	
R.C. 3517.	10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	•	•				
Name of Committee in Full						
Leach for UA Council						
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Deborah A. Johnson						
Street Address	Employer/Occuj	nation/Labor Organization*				Form (Cash, Check, etc.)
1903 Brandywine Drive						Check
City	State	Zip Code	М	D	Y	Amount
Upper Arlington	OIH	43220	1 2	116	1 4	250.00
Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	
Brett L. Miller						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
38 E. Mithoff Street						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OIH	43206	11/2	110	1 4	250.00
Full Name of Contributor	0 ! .	1, 10200	_ i	tion Num		
David DeCapua						
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
	Zinpioyen occu,	Daniels Excel C. gastarion				Check
2101 Yorkshire Road	State	Zip Code	М	D	ΙΥ	Amount
1 -		43221	112	1 .	$\frac{1}{1}4$	250.00
Upper Arlington Full Name of Contributor	O H	43221		1213 ition Num		
- 			Kegisur	ition .vuii	ber, ii FA	
Jane D. Leach	In 1 (0)	· · · · · · · · · · · · · · · · · · ·				Form (Cash, Check, etc.)
Street Address	Employer/Occu	pation/Labor Organization*				
1236 Kenbrook Hills Drive			1			Check
City	State	Zip Code	M	D	Y	Amount
Upper Arlington	O H	43220	1 2		1 4	250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	iC .
	fr. 1 (0	This gate of the contractions				Form (Cash, Check, etc.)
Street Address	Employer/Occu	pation/Labor Organization*				romi (Casii, Circui, etc.)
		To	1	1 5	1 1/	
City	State	Zip Code	М	D	Y	Amount
		<u> </u>		Ļ !.		
Full Name of Contributor			Registra	ation Num	oci, ii PA	iC.
	In		!			Secret Charles
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
<u> </u>		Tay a r	1	1 5	1 ,,	
City	State	Zip Code	M	D	Y	Amount
				<u> </u>		
Full Name of Contributor			Registr	ation Num	ber, if PA	VC.
				_		T
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M.	D	Y.	Amount
	<u>_</u>					
Full Name of Contributor	<u>-</u>		Registr	ation Num	ber, if PA	AC .
		<u> </u>				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
						<u> </u>
City	State	Zip Code	M	D	Y.	Amount

* 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 S	1,000.00