

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Leach for UA Council</b>							
Full Name of Contributor <b>Deborah A. Johnson</b>					Registration Number, if PAC		
Street Address <b>1903 Brandywine Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>	State <b>O   H</b>	Zip Code <b>43220</b>	M <b>1   2</b>	D <b>1   6</b>	Y <b>1   4</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Brett L. Miller</b>					Registration Number, if PAC		
Street Address <b>38 E. Mithoff Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	M <b>1   2</b>	D <b>1   9</b>	Y <b>1   4</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>David DeCapua</b>					Registration Number, if PAC		
Street Address <b>2101 Yorkshire Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>1   2</b>	D <b>2   3</b>	Y <b>1   4</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Jane D. Leach</b>					Registration Number, if PAC		
Street Address <b>1236 Kenbrook Hills Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>	State <b>O   H</b>	Zip Code <b>43220</b>	M <b>1   2</b>	D <b>2   7</b>	Y <b>1   4</b>	Amount <b>250.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
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 \$ 1,000.00