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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Leach for UA Council	<u> </u>							
Full Name of Contributor			Registra	Registration Number, if PAC				
Thomas C. Westfall								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
1670 Doone Road						Check		
City	State	Zip Code	M	Đ	Y	Amount		
Columbus	OIH	43221	110	0 1	1 5		50.00	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	·		tion Num	ber, if PA	C	,	
Trotter, LLC/Doug Trotter								
Street Address	Employer/Occup	ation/Labor Organization*	-			Form (Cash, Check, etc.)		
1236 Langston Drive						PavPal		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43220	110	018	1 5		100.00	
Full Name of Contributor	1 ,			tion Num		С		
Helena M. Anderson								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cho	eck, etc.)	
2538 Onandaga Drive						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОІН	43221	110	0 6	115		100.00	
Full Name of Contributor	1			tion Num		c		
Central Ohio Realtors Political Acti	į -		vC					
Street Address		ation/Labor Organization*				Form (Cash, Cho	eck, etc.)	
2700 Airport Drive	5			Check				
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОІН	43219	019	1 8	115		250.00	
Full Name of Contributor	,	<u> </u>		tion Num		.C		
Erin A. Sutton			1					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2979 White Bark Place						Check		
City City	State	Zip Code	М	D	Y	Amount	-	
Columbus	ОІН	43221	110	018	115		100.00	
Full Name of Contributor				tion Num				
Price D. Finley								
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)					
3406 Colchester Rd.	· · · · · · ·		Check					
City	State	Zip Code	M	D	Y	Amount	_	
Columbus	отн	43221	110	1111	1 5		100.00	
Full Name of Contributor	1 - '			tion Num		\C		
Frederick G. Cloppert, Jr.								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
1940 Ridgeview Rd.	T-7,			Check				
City	State	Zip Code	М	D	Y	Amount		
Upper Arlington	OIH	43221	110	012	115		100.00	
Full Name of Contributor		<u> </u>		ation Nun				
Edward Cavezza								
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)					
7677 Sutton Pl.						Check		
City	State	Zip Code	М	D	Y	Amount		
New Albany	OLH	43054	1 0	016	1 5	<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 S	900.00