

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Leach for UA Council							
Full Name of Contributor Molly H. Mitchell					Registration Number, if PAC		
Street Address 2000 Tremont Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 9	Y 1 4 1 5	Amount 100.00	
Full Name of Contributor Eric Plinke					Registration Number, if PAC		
Street Address 4001 Davidson Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0	D 9	Y 2 4 1 5	Amount 100.00	
Full Name of Contributor Jobs America PAC					Registration Number, if PAC C00554055		
Street Address 545 E. Town Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2 3 1 5	Amount 250.00	
Full Name of Contributor George R. McCue					Registration Number, if PAC		
Street Address 4598 Bridle Path Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 9	Y 2 4 1 5	Amount 250.00	
Full Name of Contributor Alicia M. Stefanski					Registration Number, if PAC		
Street Address 1133 Merston Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0	D 9	Y 1 8 1 5	Amount 50.00	
Full Name of Contributor William M. Mattes					Registration Number, if PAC		
Street Address 67 Indian Springs Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 9	Y 1 8 1 5	Amount 100.00	
Full Name of Contributor Glendon B. Pratt					Registration Number, if PAC		
Street Address 15 Kenyon Brook Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0	D 9	Y 1 8 1 5	Amount 100.00	
Full Name of Contributor Thomas A. Wilson					Registration Number, if PAC		
Street Address 5426 Quail Hollow Wav		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 9	Y 1 4 1 5	Amount 75.00	

* 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 \$ 1,025.00