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						**Registration Number, if PAC**	
Barbara and Terry Davis							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2455 Canterbury Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	05	04	15		200.00
Full Name of Contributor						**Registration Number, if PAC**	
John C. Deal							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2575 Wexford Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	04	30	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Thomas W. Johnson							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1202 Kenbrook Hills Drive							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	05	10	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
James Joyce							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3770 Ridge Mill Drive							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	OH	43026	05	14	15		250.00
Full Name of Contributor						**Registration Number, if PAC**	
Carol Mohr							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2567 Westmont Blvd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Upper Arlington	OH	43221	05	14	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Carol Hibbs Williams							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4921 Stonehaven Drive							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**	
Parr Peterson							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2840 Pickwick Drive							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	05	12	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Sharon K. Walton							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2290 Walhaven Court							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	05	13	15		50.00

* 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 $ 950.00