

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Leach for UA Council							
Full Name of Contributor Peter A. Danis					Registration Number, if PAC		
Street Address 2060 Sandover Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 0 7	D 2 0	Y 1 1	Amount 50.00	
Full Name of Contributor Wayne B. Harer					Registration Number, if PAC		
Street Address 2549 Tremont Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 7	D 2 0	Y 1 1	Amount 250.00	
Full Name of Contributor Debra H. Marsh					Registration Number, if PAC		
Street Address 2794 Lymington Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 7	D 2 1	Y 1 1	Amount 50.00	
Full Name of Contributor Lee H. Miller					Registration Number, if PAC		
Street Address 4290 Greensview Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 7	D 1 9	Y 1 1	Amount 20.00	
Full Name of Contributor Anna W. Curtin					Registration Number, if PAC		
Street Address 1943 Langham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 7	D 1 9	Y 1 1	Amount 50.00	
Full Name of Contributor James M. Milligan					Registration Number, if PAC		
Street Address 1220 Brittany Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 7	D 2 7	Y 1 1	Amount 50.00	
Full Name of Contributor John R. Stechschulte					Registration Number, if PAC		
Street Address 1200 Brittany Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 6	D 2 0	Y 1 1	Amount 250.00	
Full Name of Contributor Paula D. White					Registration Number, if PAC		
Street Address 4561 Bellrose Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 0 7	D 2 6	Y 1 1	Amount 35.00	

* 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 \$ 755.00