Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Troserroed by bee.							
Name of Committee in Full	-							
Leach for UA Council								
Full Name of Contributor				Registration Number, if PAC				
Carol M. Geistfeld								
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
2270 Sandover Road					Check			
City	State	Zip Code	M	D	Υ	Amount		
Columbus	OIH	43220	016	019	1 1		<i>7</i> 5.00	
Full Name of Contributor		10240		tion Numb		С		
Charles W. Matthews								
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			_	Form (Cash, Ch	eck, etc.)	
2861 Halstead Road	2,,					Check		
City	State	Zip Code	М	D	Y	Amount		
1 ·	OH	Lip code	1	$0 \mid 9 \mid$			25.00	
Columbus Full Name of Contributor	0 1 11		_	tion Num!		C	20.00	
			Registra	don ranna	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0		
Elizabeth B. Riley	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			eck etc.)	
Street Address	Employer/Occupa				Check			
4732 Stonehaven Drive	- C	<u></u>	1 14	Б	- V	Amount		
City	State	Zip Code	M	D	Y	Amount	250.00	
Columbus	O H	43220		0 9			250.00	
Full Name of Contributor			Registra	tion Numl	per, if PA	.C		
Edward F. Seidel, Jr.						F: (0 0		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4660 Stonehaven Drive	<u>.</u>					Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	0 H	43220	_	1 0			250.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	.C		
Thomas Slemmer								
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2440 Buckley Road					_	Check		
City	State	Zip Code	M	D	Υ	Amount		
Columbus	O H	43220	0 6	1 1	1 1		100.00	
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	C		
Robert J. Apel					_			
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
4633 Hayden Road Road						Check		
City	State	Zip Code	М	a	Y	Amount		
Columbus	O H	43221	016	110	$ _{1 1}$		50.00	
Full Name of Contributor				tion Num		C		
Phil S. Bradford			1					
Street Address	Employer/Occupa	ation/Labor Organization*	· 			Form (Cash, Ch	eck, etc.)	
4520 Benderton Court						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43220	1016	0 8	111		250.00	
Full Name of Contributor	0 1	40220		tion Num		.C		
1			[,			
John C. Deal, Esq. Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
1 1 1 1	Employer/Occupa		Chec			/		
2575 Wexford Road	State	State Zip Code M D			Y	Amount		
City			. I .	Ι.	1 1 1	anoust	100.00	
Columbus	O H	43221	0 6	0 7	TIL	name of the	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 \$ 1,100.00