

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Leach for UA Council							
Full Name of Contributor Carol M. Geistfeld					Registration Number, if PAC		
Street Address 2270 Sandover Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 6	D 0 9	Y 1 1	Amount 75.00	
Full Name of Contributor Charles W. Matthews					Registration Number, if PAC		
Street Address 2861 Halstead Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code	M 0 6	D 0 9	Y 1 1	Amount 25.00	
Full Name of Contributor Elizabeth B. Riley					Registration Number, if PAC		
Street Address 4732 Stonehaven Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 6	D 0 9	Y 1 1	Amount 250.00	
Full Name of Contributor Edward F. Seidel, Jr.					Registration Number, if PAC		
Street Address 4660 Stonehaven Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 6	D 1 0	Y 1 1	Amount 250.00	
Full Name of Contributor Thomas Slemmer					Registration Number, if PAC		
Street Address 2440 Buckley Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 6	D 1 1	Y 1 1	Amount 100.00	
Full Name of Contributor Robert J. Apel					Registration Number, if PAC		
Street Address 4633 Hayden Road Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 1 0	Y 1 1	Amount 50.00	
Full Name of Contributor Phil S. Bradford					Registration Number, if PAC		
Street Address 4520 Benderton Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 6	D 0 8	Y 1 1	Amount 250.00	
Full Name of Contributor John C. Deal, Esq.					Registration Number, if PAC		
Street Address 2575 Wexford Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 0 7	Y 1 1	Amount 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