Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	_							
Leach for UA Council								
Full Name of Contributor	ame of Contributor				Registration Number, if PAC			
Joyce and Tom Johnson				<u> </u>				
Street Address	Employer/O	ccupa	tion/Labor Organization*	· ·			Form (Cash, Che	cck, etc.)
1202 Kenbrook Hills Drive							Check	
Cîty	State		Zip Code	M	D	Y	Amount	
Columbus	$- \mid 0 \mid 1$	Η	43220	0 9	2 1	1 1		250.00
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		•	Registra	tion Num	ber, if PA	C	
Keith H. Brooks								
Street Address	Employer/Oc	cupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
2950 Linkbury Land							Check	
City	State		Zip Code	М	D	Y	Amount	
Columbus		H	43221	0 9	2 4	111		200.00
Full Name of Contributor	<u> </u>	_	10-21		tion Num		C	
Todd W. Collis								
Street Address	Employer/Oc	ccupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
2368 Club Road		- ,	<u> </u>				Check	
City	State		Zip Code	М	I D	Y	Amount	
		Н	43221		2 5	1 1		100.00
Columbus Full Name of Contributor		_	40221		tion Num		C.	100.00
				region.		DOI, IL I ? .		
James M. Long	Employar/Or	acupa	tion/Labor Organization*	<u> </u>			Form (Cash, Cho	eck etc.)
Street Address	EmployenOt	cçupa	(non-rapo) Organización				Check	con, etc.)
4330 Mountview Road	C		7:- C- I-	T M	I D	Y	Amount	
City	State	Н	Zip Code	M	D		Amount	50.00
Columbus		1 1	43220		2 4	111	C	50.00
Full Name of Contributor Registration Number, if PAC								
Sharon K. Walton		_					E (0.1 0)	1
Street Address	Employer/O	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2290 Walhaven Court			T				Check	
City	State		Zip Code	M	D	Y	Amount	400.00
Columbus	O I	H_	43220		2 3	11		100.00
Full Name of Contributor				Registra	tion Num	iber, if PA	iC	
John P. Gilligan								
Street Address	Employer/O	ссира	tion/Labor Organization*				Form (Cash, Che	eck, etc.)
1420 Castleton Road							Check	
City	State		Zip Code	M	D	Y	Amount	
Columbus	0	H	43220		0 3		l 	250.00
Full Name of Contributor				Registra	ition Num	ber, if PA	.C	_
Schottenstein, Zox & Dunn								
Street Address	Employer/Or	ccupa	tion/Labor Organization*				Form (Cash, Che	eck, etc.)
250 West Street	State & Local PACOH 1310				Check			
City	State		Zip Code	М	D	Y	Amount	
Columbus		H	43215	019	2 7	1 1	ļ	250.00
Full Name of Contributor Registration Number, if PAC								
Kimberly Laine Dygert								
Street Address	Employer/Occupation/Labor Organization* Fo					Form (Cash, Ch	eck, etc.)	
4125 Clairmont Road					Check			
City	State		Zip Code	М	D	Y	Amount	_
Upper Arlington		Η	43220	nla	2 0	111	l .	250.00
Opper Armigion				1012	1210	1 4 1 1	<u> </u>	

* 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 \$	1,450.00