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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Leach for UA Council			· <del></del>	Danistee	tion Vive	ber, if PA		
Full Name of Contributor				Kegistra	tion Num	ber, if PA	C	
Jenny Lou Renkert Street Address	Employe	r/Occurs	ntion/Labor Organization*	<u> </u>			Form (Cash, Chec	ck. etc.)
	Employer/Occupation/Labor Organization*				Check	,,		
2160 McCov Road	C+	ate	Zip Code	М	D	Y	Amount	
City Columbus	0	H	43220	$\begin{vmatrix} n \\ 0 \end{vmatrix} 4$	216	1	. 230011	25.00
Full Name of Contributor			1			ber, if PA	c	
Scott A. Reisz								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Chec	ck, etc.)		
2346 Abington Road							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Upper Arlington	0	H	43221	014	216	1 5		100.00
Full Name of Contributor			·	Registra		ber, if PA	C	
Don E. Cook								_
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
2585 Canterbury Road							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43221	0 4	612	1 5		50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	c	
Margaret Davis								
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
1800 Riverside Drive, Apt. 4312			<u> </u>				Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43212		013		<u> </u>	50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.c	
W. Richard Stone								
Street Address	Епфіоус	r/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
1165 Highland Drive				,		,	Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43220	0 4		1 5		50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	ı.C	
Karen S. Hockstad								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)			
1962 W. 5th Avenue				<u></u>			Check	
City	١ _	ate	Zip Code	M	D	Y	Amount	170.00
Columbus	0	H	43212	0 4	<del></del>	1 5	<u></u>	150.00
Full Name of Contributor				Registra	ition Nurr	ber, if PA	iC .	
M. Jameson Crane							la ve tre	
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Che	ek, etc.)
2289 Onandaga Drive	_		<u></u>		1 -	1	Check	
City		iate LLI	Zip Code	M	D	Y	Amount	100.00
Columbus	10	H	43221	0 4		1 5		100.00
Full Name of Contributor				Registra	mon Nun	ber, if PA	ic.	
Brad Dehavs								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2006 Cambridge Blvd.			Ter coll	T 3.	1 5	T 3/	Check	
City		tate	Zip Code	M		Y	Amount	100.00
Upper Arlington		H	43221	0 4	2 8	1 5		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 S	625.00