31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Leach for UA Council							
Full Name of Contributor						Registration Number, if PAC	
Flo Ann Easton							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4975 Oldbridge Drive							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	06	10	15		150.00
Full Name of Contributor						Registration Number, if PAC	
Pamela W. Bridgeport							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3691 Romnay Road							Check
City	State	Zip Code	M	D	Y		Amount
Upper Arlington	OH	43220	06	21	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Lynn N. Ness							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3655 Waldo Place							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	06	27	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Paula D. White							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4561 Belrose Lane							Check
City	State	Zip Code	M	D	Y		Amount
Upper Arlington	OH	43220	07	20	15		50.00
Full Name of Contributor						Registration Number, if PAC	
Elbert J. Kram							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4216 Fairfax Drive							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	07	27	15		50.00
Full Name of Contributor						Registration Number, if PAC	
Matthew McKenzie							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1097 Highland Drive							PayPal
City	State	Zip Code	M	D	Y		Amount
Upper Arlington	OH	43220	08	09	15		150.00
Full Name of Contributor						Registration Number, if PAC	
William A. Adams							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2770 Alliston Court							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	08	01	15		100.00
Full Name of Contributor						Registration Number, if PAC	
George E. Kirsch							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1365 La Rochelle Drive							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43221	08	08	15		25.00

* 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 $ 725.00