

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Leach for UA Council							
Full Name of Contributor Douglas T. Anderson					Registration Number, if PAC		
Street Address 2525 Wimbledon Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 0 9	Y 1 5	Amount 250.00	
Full Name of Contributor Bruce F. Massa					Registration Number, if PAC		
Street Address 2261 Sandover Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 0	D 9 1	Y 5 5	Amount 100.00	
Full Name of Contributor Donald T. Plank					Registration Number, if PAC		
Street Address 145 E. Rich Street, 3rd Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 0 9	Y 1 5	Amount 100.00	
Full Name of Contributor Charles R. Baxlev Jr.					Registration Number, if PAC		
Street Address 2459 Wenbury Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 0 9	Y 1 5	Amount 50.00	
Full Name of Contributor Stephen M. Blunk					Registration Number, if PAC		
Street Address 2290 Pinebrook Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 0 9	Y 1 5	Amount 50.00	
Full Name of Contributor Jennifer Lauer					Registration Number, if PAC		
Street Address 2210 Hadleigh Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 0 9	D 0 9	Y 1 5	Amount 50.00	
Full Name of Contributor Ronald K. Haas					Registration Number, if PAC		
Street Address 4611 Sandringham Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 0 9	Y 1 5	Amount 250.00	
Full Name of Contributor David M. Abromowitz					Registration Number, if PAC		
Street Address 4951 Brooksvew Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 9	D 1 0	Y 1 5	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 \$ 950.00