31-J-1
R.C. 3517.10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		-				_		**-			
Leach for UA Council											
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC							
Jane Leach											
Street Address	Description of Item or Service			M	D	Y		ir Market Value			
1236 Kenbrook Hills Drive	Event postage				0 9				73.50		
City	State Zip Code				Received at Fundraising Event?						
Upper Arlington	0 + 1	-	43220		YES		Ĺ	0			
Full Name of Contributor	Employer, O	ation, Labor Organization *	Registration Number, if PAC								
Jane Leach											
Street Address	Description of Item or Service			M D Y Fair Market Value							
1236 Kenbrook Hills Drive	Event	foo	od and beverages		019				799.43		
City	State		Zip Code	Received at Fundraising Event?							
Upper Arlington		-[43220		YES		<u> L</u>	ON[_			
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC						
Brian D. Hall											
Street Address	Description of	f Iter	m or Service	M D Y Fair Market Value							
1937 Collingwood Road	Event	foo	od and beverages	110	016	11.	5		99.93		
City	State		Zip Code		d at Fund	raising	Event	1?			
Columbus		I	43221		YES		L	ON			
Full Name of Contributor	Employer, O	ccupa	ation, Labor Organization *	Registra	tion Num	ber, if	PAC				
	·										
Street Address	Description of	f Itei	m or Service	M	D	Y	Fa	ir Market Value	_		
							-		_		
Cíty	State		Zip Code	Receive	d at Fund	raising	Event	t?			
					YES		L	oא <u></u>			
Full Name of Contributor	Employer, Occupation, Labor Organization			Registra	tion Num	ber, if	PAC				
Street Address	Description of Item or Service			М	D	Y	Fa	air Market Value			
SHEET FIGURES											
City	State		Zip Code	Receive	d at Fund	raising	Even	t?			
C., .	1				YES			סא			
Full Name of Contributor	Employer, Occupation, Labor Organization				Registration Number, if PAC						
an rame of conditions.											
Street Address	Description of Item or Service		M	D	Y	Fa	air Market Value				
Succe Admics			1	1 1	1 1	-					
City	State		Zip Code	Receive	d at Fund	raising	Even	t?			
City	1		1		YES			No			
Full Name of Contributor	Employer, C	ccup	ation, Labor Organization *	Registra	tion Nun	ber, if	PAC				
I an ivane of Conditions.				-							
Street Address	Description of Item or Service		M	D	Y	[F:	air Market Value				
Sireet Address			1 1	1 1	1 1	- {					
Ci	State		Zip Code	Receive	d at Fund	raising	Even	ıt?			
City	1			1 [YES		_ [NO			
E BN	Employer, Occupation, Labor Organization *			Registra	tion Nun	ber, if	PAC				
Full Name of Contributor	Employer, Occupation, Labor Organization					, -					
Service Address	Description of Item or Service		M	D	Y	F	air Market Value				
Street Address					1	1					
City	State		Zip Code	Receive	d at Fund	Iraising	g Even	ıt?			
City	Jan Cour			YES NO							
	<u> </u>		<u> </u>	ᆚᅳ							

Page Total \$ 972.86

^{*} 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)]