31_A R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Don Leach for UA Council							
Full Name of Contributor				Registration Number, if PAC			
Terry Boyd for School Board Committ	ee		E A STATE OF THE S				
Street Address		tion/Labor Organization*	- Landard Control			Form (Cash, Check, etc.)	
191 West Nationwide Blvd						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43215	0 3	0 7	0 9	250.00	
Full Name of Contributor Regis					ber, if PA	С	
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Street Address	Employer/Occupa	ation/Labor Organization*		ANYARONGSISTERATOR	200	Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
	12.0	•					
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Tanto of Community 1110							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	2						
City	State	Zip Code	М	D	Y	Amount	
City	i	Lap cour					
Full Name of Contributor			Registra	tion Num	her if PA	C	
Full Name of Contributor Registration Number, if PA							
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check,						orm (cash, check, etc.)	
C'.	State	Zip Code	M	D	Y	Amount	
City	State	zip code	144			2 thount	
			Danistus	tion Nive	hon if DA	C	
Full Name of Contributor				Registration Number, if PAC			
						Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization*						roim (Cash, Check, etc.)	
		In: 0 1	1 1/	1 5	1 1		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if PA						AC .	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount	
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^{*} 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)]