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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Leach for UA Council									
all Name of Contributor					Registration Number, if PAC				
Lynn N. Ness									
Street Address	Employer/0	Эссира	tion/Labor Organization*	•			Form (Cash, Che	ck, etc.)	
3655 Waldo Place							Check		
City	State	2	Zip Code	М	D	Y	Amount		
Columbus	loi	Н	43220	0 6	2 9	1   1		100.00	
Full Name of Contributor	101		10220		tion Num		C	100.00	
Parr Peterson						,	-		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck etc.)	
	Linptoyen	note babot of Sumanton				Check			
2840 Pickwick Drive	State		Zip Code	Тм	D	Υ	Amount		
City C. Lunalana	1	Н	l ·	I .	Ι.	1   1	Allouli	100.00	
Columbus	0	11	43221	0 7	0 1 tion Num	1   L		100.00	
Full Name of Contributor				Registra	tion Num	ber, it PA	.C		
Karen L. Trotter	T=			<u> </u>					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			ck, etc.)	
2650 Sandover Road				,			Check		
City	State		Zip Code	M	D	Y	Amount		
Columbus	<u> </u>	Н	43220	0 7	0 5			50.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	.C		
David DeCapua									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
2101 Yorkshire Road							Check		
City	State	•	Zip Code	М	D	Y	Атошп		
Upper Arlington	101	Н	43221	0 7	0 7	1   1		150.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Anne E. Croskey									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)	
3586 Reed Road							Check		
City	State	2	Zip Code	М	D	Y	Amount		
Columbus		Н	43221	017	018	1   1		100.00	
Full Name of Contributor	1 0 1				tion Num	ber, if PA	.C		
William Gregory Guy									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
5810 Shier Rings Road							Check		
City	State		Zip Code	Тм	D	Y	Amount		
Dublin	O	Н	43018		018			50.00	
Full Name of Contributor	0 1		45010		tion Num	_		50.00	
				Registra	iiioii i vuiii	DCI, II I 7 L	.0		
Kathy A. Panning	[C1#	<b>\</b>	tian // altan Onumination *				Form (Cash, Che	ak eta )	
Street Address	Employer/Occupation/Labor Organization*						,	ck, cic.)	
1990 Upper Chelsea Road	6		2' 0 1	1 14		1 0	Check		
City	State	H	Zip Code	M	D	Y	Amount	25.00	
Columbus	0	11	43221	0 7				25.00	
Full Name of Contributor Registration Number, if PAC									
Ida I. Copenhaver	1::-								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
2448 Edington Road						Check			
City	State		Zip Code	М	D	Y	Amount		
Columbus	0	Н	43221	0 7	1   8	1 1		45.00	

\* 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 \$ 620.00