

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Leach for UA Council							
Full Name of Contributor Linda P. Hoffman					Registration Number, if PAC		
Street Address 1224 Darcann Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 3 0	Y 1 1	Amount 25.00	
Full Name of Contributor William A. Adams					Registration Number, if PAC		
Street Address 2124 Yorkshire Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 0 1	Y 1 1	Amount 50.00	
Full Name of Contributor Elbert J. Kram					Registration Number, if PAC		
Street Address 4216 Fairfax Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 8	D 2 3	Y 1 1	Amount 50.00	
Full Name of Contributor Suzanne C. Helmick					Registration Number, if PAC		
Street Address 2080 Ellington Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 8	D 2 5	Y 1 1	Amount 250.00	
Full Name of Contributor Central Ohio Realtors Political Action Committee					Registration Number, if PAC		
Street Address 2700 Airport Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 0 7	D 2 0	Y 1 1	Amount 250.00	
Full Name of Contributor David Dygert					Registration Number, if PAC		
Street Address 4125 Clairmont Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 0 9	D 0 1	Y 1 1	Amount 250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State O H	Zip Code	M 	D 	Y 	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State 	Zip Code	M 	D 	Y 	Amount	

* 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)]