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							
Leach for UA Council							
Full Name of Contributor			Registration Number, if PAC				
Joan L.M. Shaull							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
1829 Elmwood Avenue						Check .	
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОН	43212	$1 \downarrow 0$	2   8	1 1	40.	.00
Full Name of Contributor	<u> </u>		Registrat	ion Num	ber, if PA	C	
Marilyn W. Pritchett							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
4185 Chadbourne Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O   H	43220	$1 \rfloor 0$	2 8	1 1	100.	.00
Full Name of Contributor		<del> </del>	Registrat	ion Num	ber, if PA	C	
Edwin L. Overmyer						•	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
2480 Stonehaven Place						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O   H	43220	1 1	1 1	1   1	100.	.00
Full Name of Contributor	· · · · · ·		Registrat	ion Num	ber, if PA	С	
Homer F. Mincy			- I				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
4063 Longhill Road						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O   H	43220	1 1 1	1   1	1   1	100.	.00
Full Name of Contributor		<u> </u>	Registrat		ber, if PA	С	
Jason Diwik/Fontana Walker Inves	tments, LLC						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
1855 Chatfield Road						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O   H	43221	1 1	1   1	1   1	250.	.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
						ŀ	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	C	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
			1 1			1	
Full Name of Contributor	<del></del>	······················	Registra	tion Num	ber, if PA	.C	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
1							
City	State	Zip Code	М	D	Υ	Amount	
1							
required for contributions from individuals over \$100 to statewide and	Langeral accembly can	lidates If contributor is self-em	ntoyed the c	ccuratio	n and the	name of the	

\* 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 \$	590.00
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