

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Leach for UA Council				
Full Name of Contributor Jane Leach		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1236 Kenbrook Hills Drive		Description of Item or Service Event postage		M D Y Fair Market Value 0 9 0 9 1 5 73.50
City Upper Arlington		State OH	Zip Code 43220	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Jane Leach		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1236 Kenbrook Hills Drive		Description of Item or Service Event food and beverages		M D Y Fair Market Value 0 9 0 9 1 5 799.43
City Upper Arlington		State OH	Zip Code 43220	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Brian D. Hall		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1937 Collingwood Road		Description of Item or Service Event food and beverages		M D Y Fair Market Value 1 0 0 6 1 5 99.93
City Columbus		State OH	Zip Code 43221	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor McTigue McGinnis & Colombo LLC		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 545 East Town Street		Description of Item or Service Consulting		M D Y Fair Market Value 0 6 1 1 0 1 5 165.00
City Columbus		State OH	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]