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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 .			Registra	tion Numl	ber, if PA	С		
Nita L. Hanson								
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
160 Rolen Road SW		·				Check		
City	State	Zip Code	M	D	Y	Amount		
Etna	OH	43068	019	<u> </u>	1 5		50.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	С		
Barbara Jordan								
Street Address	Employer/Occupa	tion/Labor Organization*			i	Form (Cash, Ch	eck, etc.)	
6371 Hilltop Trail Drive						Check		
City	State	Zip Code	M .	D	Y	Amount		
New Albany	O H	43054	0 9	0 9	1 5		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Christian Gonzalez								
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
1717 College Park Drive						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43202		0 9			100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	c_		
Janice B. Walsh								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
2152 Middlesex Road						Check		
City	State	Zip Code	M	Ð	Y	Amount		
Columbus	OH	43220	0 8	3 1	1 5		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	c		
Julie B. Ginnan								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2240 Lane Road						Check		
City	State	Zip Code	М	D	Y	Amount		
Upper Arlington	O H	43220	018	310	1 5		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.c		
Roberta J. Cameruca								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	neck, etc.)	
2807 River Park Drive							Check	
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОІН	43220	019	019	1 5	<u> </u>	100.00	
Full Name of Contributor		·	Registra	tion Num	beт, if PA	c		
Susan G. Sheridan			i					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
2600 Wexford Road						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОІН	43221	019	019	115	I	100.00	
Full Name of Contributor		<u> </u>		tion Nun				
M. Kate Diday			- [
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
4260 Greensview Drive						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43220	019	019	1 5		50.00	

* 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 5	650.00