31-A
R.C. 3517.10

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**	
John R. Stechschulte							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1200 Brittany Lane							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	05	05	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Frank Ciotola							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2707 Lear Road							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Upper Arlington	OH	43220	06	03	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
William P. Blair III							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2738 Glenmont Road NW							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Canton	OH	44708	06	17	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Melanie K. Brown							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1666 Roxbury Road							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43212	06	17	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Mark L. Elliott PHD							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4775 Knightsbridge Blvd., Ste. 203							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43214	06	15	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Kathleen P. Murphy							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2416 Southway Drive							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	06	10	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Peter S. Walsh							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4271 Woodhall Road							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	06	17	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Gary Richard Martz							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1299 Steamboat Strings							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Blacklick	OH	43004	05	31	15		200.00

* 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 $ 850.00