

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Ron Leach for Congress Campaign Committee

ADDRESS (number and street) ▼

PO Box 647

Check if different than previously reported. (ACC)

Brandenburg

KY

40108

2. **FEC IDENTIFICATION NUMBER** ▼

C C00543538

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

KY

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Theresa Drake

Signature of Treasurer Ms. Theresa Drake

[Electronically Filed]

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Ron Leach for Congress Campaign Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	21810.40	44851.02
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21810.40	44851.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	8232.78	55361.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8232.78	55361.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16139.37	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	34929.63	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Ron Leach for Congress Campaign Committee**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8519.17	14587.89
(ii) Unitemized.....	6683.00	10168.00
(iii) TOTAL of contributions from individuals ▶	15202.17	24755.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	6608.23	20095.13
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21810.40	44851.02
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	26600.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	26600.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	50.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	21810.40	71501.02

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8232.78	55361.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	8232.78	55361.65

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2561.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21810.40
25. SUBTOTAL (add Line 23 and Line 24).....	24372.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8232.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16139.37

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Craig Astor**

Mailing Address 5167 N L And N Turnpike Rd

City Hodgenville	State KY	Zip Code 42748-9232
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer UPS	Occupation Aircraft Mechanic
-------------------------	---------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
950.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 11 / 2014

**Transaction ID : VN8P9CJYY66**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8493.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 12 / 2014

**Transaction ID : VN8P9CJYY66E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Craig Astor**

Mailing Address 5167 N L And N Turnpike Rd

City Hodgenville	State KY	Zip Code 42748-9232
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer UPS	Occupation Aircraft Mechanic
-------------------------	---------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : VN8P9CJYYJ1**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
8493.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
02 / 17 / 2014

**Transaction ID : VN8P9CJYYJ1E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Craig Astor**

Mailing Address **5167 N L And N Turnpike Rd**

City **Hodgenville** State **KY** Zip Code **42748-9232**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UPS** Occupation **Aircraft Mechanic**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
03 / 11 / 2014

**Transaction ID : VN8P9CJYYQ0**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
8493.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
03 / 16 / 2014

**Transaction ID : VN8P9CJYYQ0E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Craig Astor**

Mailing Address 5167 N L And N Turnpike Rd

City State Zip Code  
Hodgenville KY 42748-9232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UPS Aircraft Mechanic

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2014

**Transaction ID : VN8P9CJYZ19**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8493.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : VN8P9CJYZ19E**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Annette Baker**

Mailing Address 6902 Walnut Farm Dr

City State Zip Code  
Louisville KY 40229-3419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Army Physician Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2014

**Transaction ID : VN8P9CJYZ35**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**8493.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2014**

**Transaction ID : VN8P9CJYZ35E**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Richard W Baldy**

Mailing Address **25 Oak Dr**

City **Chico** State **CA** Zip Code **95926-1806**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Not Employed**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 13 / 2014**

**Transaction ID : VN8P9CJYZ51**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**250.00**

**\* Earmarked Contribution: See Below**

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**8493.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2014**

**Transaction ID : VN8P9CJYZ51E**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**250.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A. Full Name (Last, First, Middle Initial)**  
**Boilermakers-Blacksmiths Legislative Education Action Program**

Mailing Address 753 State Ave  
Ste 565

City State Zip Code  
Kansas City KS 66101-2511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 27 / 2014

**Transaction ID : VN8P9CJYGF8**

Amount of Each Receipt this Period  
500.00

**B. Full Name (Last, First, Middle Initial)**  
**George Brun**

Mailing Address 3474 River Gardens Cir

City State Zip Code  
Pensacola FL 32514-8112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2014

**Transaction ID : VN8P9CJYXZ0**

Amount of Each Receipt this Period  
200.00

\* Earmarked Contribution: See Below

**C. Full Name (Last, First, Middle Initial)**  
**ACTBLUE**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8493.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2014

**Transaction ID : VN8P9CJYXZ0E**

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**George Brun**

Mailing Address 3474 River Gardens Cir

City Pensacola State FL Zip Code 32514-8112

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : VN8P9CJYZT7**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8493.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : VN8P9CJYZT7E**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Yancy Clark**

Mailing Address 4545 Lebanon Rd

City Danville State KY Zip Code 40422-9689

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 21 / 2014**

**Transaction ID : VN8P9CJYGK9**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Paula Cohn**

Mailing Address 6005 Maple Hill Way

City State Zip Code  
Crestwood KY 40014-8819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Travel Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 13 / 2014

**Transaction ID : VN8P9CJYZ01**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8493.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2014

**Transaction ID : VN8P9CJYZ01E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Catherine Catherine Conway**

Mailing Address 1 Bayberry Rd

City State Zip Code  
Islip NY 11751-4915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 08 / 2014

**Transaction ID : VN8P9CJYYD1**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
8493.00

Date of Receipt  
 M M / D D / Y Y Y Y  
02 / 09 / 2014

**Transaction ID : VN8P9CJYYD1E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Keith Davis**

Mailing Address **1701 Sanctuary**

City **Owensboro** State **KY** Zip Code **42303-9209**

FEC ID number of contributing federal political committee. **C**

Name of Employer **University of Louisville** Occupation **Professor**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
02 / 03 / 2014

**Transaction ID : VN8P9CJYYM6**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
8493.00

Date of Receipt  
 M M / D D / Y Y Y Y  
02 / 09 / 2014

**Transaction ID : VN8P9CJYYM6E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**William Heumann**

Mailing Address 2 Wolf Pen Ln

City Prospect State KY Zip Code 40059-9699

FEC ID number of contributing federal political committee. **C**

Name of Employer Andrew Elliot Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : VN8P9C8PSC1**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Allen Holbrook**

Mailing Address 1844 Griffith Ave

City Owensboro State KY Zip Code 42301-3509

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : VN8P9CJYEQ5**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**John F Keithline**

Mailing Address 205 Kenyon Ave

City East Greenwich State RI Zip Code 02818-2809

FEC ID number of contributing federal political committee. **C**

Name of Employer Empire Loan of Rhode Island Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2014

**Transaction ID : VN8P9CJYHJ2**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Beverly Kohn**

Mailing Address 6697 Warren Woods Rd

City State Zip Code  
Three Oaks MI 49128-8513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 21 / 2014

**Transaction ID : VN8P9CJYY16**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8493.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 26 / 2014

**Transaction ID : VN8P9CJYY16E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Sarah-Ann Kramarsky**

Mailing Address 33 E 70th St  
Apt 7F

City State Zip Code  
New York NY 10021-4985

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 15 / 2014

**Transaction ID : VN8P9CJYY74**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**8493.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		20		2014

**Transaction ID : VN8P9CJYY74E**

Amount of Each Receipt this Period  

250.00
--------

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Charles Leach**

Mailing Address **3324 Panhandle Rd**

City **Lynchburg** State **OH** Zip Code **45142-9361**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Not Employed**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**650.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		31		2014

**Transaction ID : VN8P9CJZ038**

Amount of Each Receipt this Period  

100.00
--------

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**8493.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		31		2014

**Transaction ID : VN8P9CJZ038E**

Amount of Each Receipt this Period  

100.00
--------

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Kelly Longenecker**

Mailing Address 62 Merion Ct

City State Zip Code  
Brandenburg KY 40108-7102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Army Nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**869.17**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 05 / 2014**

**Transaction ID : VN8P9CJZ3D2**

Amount of Each Receipt this Period  
**869.17**

\* In-Kind: Office Materials

**B.** Full Name (Last, First, Middle Initial)  
**Kelly Longenecker**

Mailing Address 62 Merion Ct

City State Zip Code  
Brandenburg KY 40108-7102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Army Nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1069.17**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 21 / 2014**

**Transaction ID : VN8P9CJZPE1**

Amount of Each Receipt this Period  
**200.00**

\* In-Kind: Event Tickets

**C.** Full Name (Last, First, Middle Initial)  
**Herbert Massey**

Mailing Address 2133 Taborlake Cir

City State Zip Code  
Lexington KY 40502-3076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : VN8P9CJYZD4**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1319.17**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
8493.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 16 / 2014**

**Transaction ID : VN8P9CJYZD4E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Joyanne B Mills**

Mailing Address **14338 N Green Meadow Ln**

City **Oro Valley** State **AZ** Zip Code **85755-7120**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 14 / 2014**

**Transaction ID : VN8P9CJYXK6**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
8493.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 20 / 2014**

**Transaction ID : VN8P9CJYXK6E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Steve Moulds**

Mailing Address 995 Vintage Ave  
Ste 204

City Saint Helena State CA Zip Code 94574-1409

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : VN8P9CJYYX7**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8493.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2014

**Transaction ID : VN8P9CJYYX7E**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**John M. Parchem**

Mailing Address 10219 Richwood Ave NW

City Seattle State WA Zip Code 98177-5442

FEC ID number of contributing federal political committee. **C**

Name of Employer Microsoft Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : VN8P9CJYZ76**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8493.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 17 / 2014**

**Transaction ID : VN8P9CJY76E**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Ronald Sugarman**

Mailing Address **870 United Nations Plz**  
**Apt 7A**

City **New York** State **NY** Zip Code **10017-1818**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Not Employed Not Employed**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 04 / 2014**

**Transaction ID : VN8P9CJYYN4**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8493.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 09 / 2014**

**Transaction ID : VN8P9CJYYN4E**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**250.00**

**250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Julia R. Swords**

Mailing Address 2596 Iron Works Rd

City State Zip Code  
Georgetown KY 40324-9136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2014

**Transaction ID : VN8P9CJYG90**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Vissman**

Mailing Address 2541 Ransdell Ave

City State Zip Code  
Louisville KY 40204-2114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2014

**Transaction ID : VN8P9CJYGA8**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

8519.17

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>Ron Leach</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 06 / 2014
Mailing Address 62 Merion Ct		<b>Transaction ID : VN8P9CJYD60</b>
City Brandenburg	State KY	
FEC ID number of contributing federal political committee. C H4KY02089		Amount of Each Receipt this Period 2500.00
Name of Employer Retired	Occupation Retired	* In-Kind: In Kind Contribution -- See Memo'd Disbursements
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15986.90	

Full Name (Last, First, Middle Initial) <b>Ron Leach</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 04 / 2014
Mailing Address 62 Merion Ct		<b>Transaction ID : VN8P9CJYHM8</b>
City Brandenburg	State KY	
FEC ID number of contributing federal political committee. C H4KY02089		Amount of Each Receipt this Period 2000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 17986.90	

Full Name (Last, First, Middle Initial) <b>Ron Leach</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 05 / 2014
Mailing Address 62 Merion Ct		<b>Transaction ID : VN8P9CJYHQ2</b>
City Brandenburg	State KY	
FEC ID number of contributing federal political committee. C H4KY02089		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 18036.90	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>Ron Leach</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 14 / 2014	
Mailing Address 62 Merion Ct		<b>Transaction ID : VN8P9CJYHN6</b>	
City Brandenburg	State KY	Zip Code 40108-7102	
FEC ID number of contributing federal political committee. C H4KY02089		Amount of Each Receipt this Period 750.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 18786.90		

Full Name (Last, First, Middle Initial) <b>Ron Leach</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 62 Merion Ct		<b>Transaction ID : VN8P9CJZ222</b>	
City Brandenburg	State KY	Zip Code 40108-7102	
FEC ID number of contributing federal political committee. C H4KY02089		Amount of Each Receipt this Period 1308.23	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20095.13		
* In-Kind: Mileage			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2058.23
<b>TOTAL</b> This Period (last page this line number only).....	6608.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 41.16 <b>Transaction ID : VN7Q19S0926</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 47.42 <b>Transaction ID : VN7Q19S0933</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 18.19 <b>Transaction ID : VN7Q19S0941</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	106.77
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 13.04
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7Q19S0959
Candidate Name <b>ACTBLUE</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 43.47
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7Q19S0967
Candidate Name <b>ACTBLUE</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 70.92
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VN7Q19S0975
Candidate Name <b>ACTBLUE</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	127.43
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 19.75 <b>Transaction ID : VN7Q19S0983</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 22.32 <b>Transaction ID : VN7Q19S0991</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 5.34 <b>Transaction ID : VN7Q19S09A9</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	47.41
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 23.13 <b>Transaction ID : VN7Q19S09B7</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 4.74 <b>Transaction ID : VN7Q19S09C5</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 26.25 <b>Transaction ID : VN7Q19S09D2</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name <b>ACTBLUE</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	54.12
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2014
Mailing Address 2050 N Dixie Hwy		Amount of Each Disbursement this Period 869.17
City Elizabethtown	State KY	
Zip Code 42701-9495	Purpose of Disbursement Office Materials -- See In Kind Contribution from Kelly Longenecker on 01/05/2014	Transaction ID : VN7Q19S0898
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign Finance Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 33 R St NW		Amount of Each Disbursement this Period 2500.00
City Washington	State DC	
Zip Code 20001-1119	Purpose of Disbursement Finance Consultant Fee - See In Kind Contribution from Candidate on 1/06/2014	Transaction ID : VN7Q19S07Q6
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Theresa Drake</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address PO Box 443		Amount of Each Disbursement this Period 250.00
City Vine Grove	State KY	
Zip Code 40175-0443	Purpose of Disbursement Treasurer Contract Fee	Transaction ID : VN7Q19S0BF2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>A. Farley Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 1013 S. 6th St.		Amount of Each Disbursement this Period 434.96 <b>Transaction ID : VN7Q19S0BG0</b>
City Louisville	State KY	
Zip Code 40203-3319	Purpose of Disbursement Campaign Promotional Materials	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Farley Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 1013 S. 6th St.		Amount of Each Disbursement this Period 565.50 <b>Transaction ID : VN7Q19S0BH8</b>
City Louisville	State KY	
Zip Code 40203-3319	Purpose of Disbursement Campaign Promotional Materials	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Farley Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1013 S. 6th St.		Amount of Each Disbursement this Period 258.66 <b>Transaction ID : VN7Q19S0BM1</b>
City Louisville	State KY	
Zip Code 40203-3319	Purpose of Disbursement Remit Envelopes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1259.12
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Leach</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 416.00 <b>Transaction ID : VN7Q19S08W8</b>
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Administrative Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Leach</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 276.00 <b>Transaction ID : VN7Q19S08X6</b>
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Administrative Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Leach</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 218.53 <b>Transaction ID : VN7Q19S08Y4</b>
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Administrative Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	910.53
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>A. Ron Leach</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 2500.00
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement In Kind Contribution -- See Memo'd Disbursements	Transaction ID : VN8P9CJYD60I
Candidate Name <b>Mr. Ron Leach</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: KY	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Ron Leach</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 1308.23
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Mileage	Transaction ID : VN8P9CJZ222I
Candidate Name <b>Mr. Ron Leach</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: KY	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Kelly Longenecker</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 869.17
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Office Materials	Transaction ID : VN8P9CJZ3D2I
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4677.40
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 37		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Ron Leach for Congress Campaign Committee**

Full Name (Last, First, Middle Initial) <b>A. Kelly Longenecker</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : VN8P9CJZPE11</b>
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Event Tickets	* In-Kind Received
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Splash Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 455 S 4th St		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : VN7Q19S0BN9</b>
City Louisville	State KY	
Zip Code 40202-2593	Purpose of Disbursement Website Management	* In-Kind Received
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	* In-Kind Received
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	8232.78

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Ron Leach for Congress Campaign Committee** Transaction ID : VN8P9A2X2Y8L

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014  
**Ron Leach**  Primary  
 Mailing Address 62 Merion Ct General  
 Other (specify) ▼

City State ZIP Code  
 Brandenburg KY 40108-7102

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 04 / D 01 / Y 2013 M M / D D / Y none % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 100.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Ron Leach for Congress Campaign Committee** Transaction ID : VN8P9A2X2Z6L

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Ron Leach**  Primary  
 Mailing Address 62 Merion Ct  General  
 Other (specify) ▼

City State ZIP Code  
 Brandenburg KY 40108-7102

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19500.00	0.00	19500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 20 / Y 2013 Y	M / D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	19500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Ron Leach for Congress Campaign Committee** Transaction ID : VN8P9B42BQ2L

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014  
**Ron Leach**  Primary  
 Mailing Address 62 Merion Ct General  
 Other (specify) ▼

City State ZIP Code  
 Brandenburg KY 40108-7102

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 16 / Y 2013	M / D / Y none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	2000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Ron Leach for Congress Campaign Committee** Transaction ID : VN8P9C3P4F8L

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014  
**Ron Leach**  Primary  
 Mailing Address 62 Merion Ct General  
 Other (specify) ▼

City State ZIP Code  
 Brandenburg KY 40108-7102

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 16 / Y 2013 Y	M / D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	26600.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Ron Leach for Congress Campaign Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Finance Group</b>	Nature of Debt (Purpose): Finance Consultant Fee
Mailing Address 33 R St NW	
City State Zip Code Washington DC 20001-1119	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : VN5RH9H9B81</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="4329.63"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="4329.63"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Finance Group</b>	Nature of Debt (Purpose): Finance Consultant Fee
Mailing Address 33 R St NW	
City State Zip Code Washington DC 20001-1119	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : VN5RH9H9B73</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="3500.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="3500.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Theresa Drake</b>	Nature of Debt (Purpose): Treasurer Fee
Mailing Address PO Box 443	
City State Zip Code Vine Grove KY 40175-0443	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : VN5RH9H9B99</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="250.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="250.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="8079.63"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text" value=""/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="0.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Ron Leach for Congress Campaign Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Theresa Drake**

Mailing Address PO Box 443

City State Zip Code  
Vine Grove KY 40175-0443

Nature of Debt (Purpose):  
Treasurer Fee

Outstanding Balance Beginning This Period  **Transaction ID : VN5RH9H9BA7**

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="250.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="8329.63"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="26600.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="34929.63"/>