

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Ron Leach for Congress Campaign Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 30 / 2014

	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))....	9955.02	27322.42
(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)).....	9955.02	27322.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15386.26	23619.04
(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)).....	15386.26	23619.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6265.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	8329.63	

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: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7350.00	15469.17
(ii) Unitemized.....	885.00	3525.00
(iii) TOTAL of contributions from individuals ▶	8235.00	18994.17
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1720.02	8328.25
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9955.02	27322.42
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	9955.02	27322.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15386.26	23619.04
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15386.26	23619.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11696.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9955.02
25. SUBTOTAL (add Line 23 and Line 24).....	21651.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15386.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6265.13

**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 30
	<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 P.O. BOX 441146

City: **SOMERVILLE** State: **MA** Zip Code: **02144**

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

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **04 / 15 / 2014**

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period: **250.00**

[MEMO ITEM]

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

Mailing Address P.O. BOX 441146

City: **SOMERVILLE** State: **MA** Zip Code: **02144**

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

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **04 / 29 / 2014**

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period: **250.00**

[MEMO ITEM]

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: **1050.00**

Date of Receipt: **04 / 11 / 2014**

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period: **250.00**

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

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

250.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4503

Note: Above Contribution earmarked through this organization.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4506

Note: Above Contribution earmarked through this organization.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4502

* Earmarked Contribution: See Below

Form/Schedule:

Transaction ID:

**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 30
	<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)
Patricia Berman

Mailing Address 21174 Hamlin Dr

City State Zip Code
Boca Raton FL 33433-7433

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
 04 / 25 / 2014

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Archie Faircloth

Mailing Address 610 W Stephen Foster Ave

City State Zip Code
Bardstown KY 40004-1335

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period
1000.00

Contribution by Check

C. Full Name (Last, First, Middle Initial)
Judy M. Judd

Mailing Address 1241 Island Dr
Apt 101

City State Zip Code
Ann Arbor MI 48105-2006

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
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period
400.00

Contribution by Check

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

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

1650.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4505

* Earmarked Contribution: See Below

Form/Schedule:

Transaction ID:

**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 30
	<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)
Edward H Page

Mailing Address 1299 N Tamiami Trl
Apt 421

City Sarasota State FL Zip Code 34236-2466

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period
2600.00

Contribution by Check

B. Full Name (Last, First, Middle Initial)
Edward H Page

Mailing Address 1299 N Tamiami Trl
Apt 421

City Sarasota State FL Zip Code 34236-2466

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.4513

Amount of Each Receipt this Period
2600.00

Contribution by Check

C. Full Name (Last, First, Middle Initial)
Arlene Solomon

Mailing Address 5501 E El Cedra St

City Long Beach State CA Zip Code 90815-4113

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
 04 / 09 / 2014

Transaction ID : SA11AI.4515

Amount of Each Receipt this Period
250.00

Contribution by Check

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

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

5450.00

7350.00

**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 30
	<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

A. Full Name (Last, First, Middle Initial)
RONALD ALLEN LEACH

Mailing Address 62 MERION COURT

City State Zip Code
BRANDENBURG KY 40108

FEC ID number of contributing federal political committee. **C H4KY02089**

Name of Employer Occupation
U.S. ARMY P.A. CIVILIAN CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7805.75

Date of Receipt
 M M / D D / Y Y Y Y
04 30 2014

Transaction ID : SA11D.4516

Amount of Each Receipt this Period
1197.52

B. Full Name (Last, First, Middle Initial)
RONALD ALLEN LEACH

Mailing Address 62 MERION COURT

City State Zip Code
BRANDENBURG KY 40108

FEC ID number of contributing federal political committee. **C H4KY02089**

Name of Employer Occupation
U.S. ARMY P.A. CIVILIAN CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8328.25

Date of Receipt
 M M / D D / Y Y Y Y
04 30 2014

Transaction ID : SA11D.4517

Amount of Each Receipt this Period
522.50

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

Amount of Each Receipt this Period

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

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

1720.02

1720.02

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11D

Transaction ID : SA11D.4516

* In-Kind: In Kind Contribution -- See Memo'd Disbursements

Form/Schedule: SA11D

Transaction ID: SA11D.4517

* In-Kind: Mileage

**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 13 OF 30		
	<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) A. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 22.14
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing 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. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 3.17
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing 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) C. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 14.39
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing 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:		

SUBTOTAL of Disbursements This Page (optional).....	39.70
TOTAL 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 14 OF 30		
	<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) A. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 14.23
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.4521
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. Activate		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 2232 Vermont St.		Amount of Each Disbursement this Period 600.00
City Lawrence	State KS	
Zip Code 66046	Purpose of Disbursement Voter Contact Expenses	Transaction ID : SB17.4529
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Campaign Finance Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 33 R St NW		Amount of Each Disbursement this Period 3500.00
City Washington	State DC	
Zip Code 20001-1119	Purpose of Disbursement Finance Consultant Fee	Transaction ID : SB17.4522
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:		

SUBTOTAL of Disbursements This Page (optional)	3514.23
TOTAL This Period (last page this line number only)	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4529

*

Form/Schedule:

Transaction ID:

**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 16 OF 30			
	<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) A. Ms Theresa Drake		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address P.O. Box 443		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4523
City Vine Grove	State KY	
Zip Code 40175	Purpose of Disbursement Treasurer Contract Fee	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. Farley Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1013 S. 6th St.		Amount of Each Disbursement this Period 382.32 Transaction ID : SB17.4530 [MEMO ITEM]
City Louisville	State KY	
Zip Code 40203-3319	Purpose of Disbursement Stationery	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) c. Farley Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1013 S. 6th St.		Amount of Each Disbursement this Period 482.70 Transaction ID : SB17.4524
City Louisville	State KY	
Zip Code 40203-3319	Purpose of Disbursement Stationery	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:	

SUBTOTAL of Disbursements This Page (optional).....	732.70
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4530

*

Form/Schedule:

Transaction ID:

**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 18 OF 30	
	<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) A. Farley Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1013 S. 6th St.		Amount of Each Disbursement this Period 436.52
City Louisville	State KY	
Zip Code 40203-3319	Purpose of Disbursement Campaign Materials -- See In Kind CTB from Candidate on 4/30/2014	Transaction ID : SB17.4525
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Farley Printing Co., Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1014 South Sixth St.		Amount of Each Disbursement this Period 436.52
City Louisville	State KY	
Zip Code 40203	Purpose of Disbursement Campaign Banners	Transaction ID : SB17.4676
Candidate Name RONALD ALLEN LEACH	Category/Type 004	
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)	
State: KY District: 02		

Full Name (Last, First, Middle Initial) c. Jennifer Leach		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 115 Rolling Trail		Amount of Each Disbursement this Period 176.00
City Brandenburg	State KY	
Zip Code 40108	Purpose of Disbursement Administrative Fees	Transaction ID : SB17.4526
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:		

SUBTOTAL of Disbursements This Page (optional).....	612.52
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4525

*

Form/Schedule:

Transaction ID:

**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 20 OF 30	
	<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) A. Jennifer Leach		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 115 Rolling Trail		Amount of Each Disbursement this Period 419.50 Transaction ID : SB17.4527
City Brandenburg	State KY	
Zip Code 40108	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. Ron Leach		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 1113.19 Transaction ID : SB17.4528
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Reimbursements	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) c. Ron Leach		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 635.99 Transaction ID : SB17.4533
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Reimbursement: Office Equipment	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:	

SUBTOTAL of Disbursements This Page (optional).....	2168.68
TOTAL 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 21 OF 30		
	<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) A. Ron Leach		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 649.22 Transaction ID : SB17.4536
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Mileage	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. Ron Leach		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 568.59 Transaction ID : SB17.4537
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Mileage	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) c. Ron Leach		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 1197.52 Transaction ID : SB17.4538
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement In Kind Contribution -- See Memo'd Disbursements	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:	

SUBTOTAL of Disbursements This Page (optional).....	2415.33
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4538

* In-Kind Received

Form/Schedule:

Transaction ID:

**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 30		
	<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) A. Ron Leach		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 62 Merion Ct		Amount of Each Disbursement this Period 522.50 Transaction ID : SB17.4539
City Brandenburg	State KY	
Zip Code 40108-7102	Purpose of Disbursement Mileage	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. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 4170 Outer Loop		Amount of Each Disbursement this Period 564.94 Transaction ID : SB17.4541 [MEMO ITEM]
City Louisville	State KY	
Zip Code 40219-3849	Purpose of Disbursement Office Supplies -- See In Kind CTB from Candidate on 4/30/2014	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) c. Office Depot Store #52		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 4170 Outer Loop		Amount of Each Disbursement this Period 564.94 Transaction ID : SB17.4675
City Louisville	State KY	
Zip Code 40219	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name RONALD ALLEN LEACH	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)	State: KY District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1087.44
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4539

* In-Kind Received

Form/Schedule: SB17

Transaction ID: SB17.4541

*

**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 30	
	<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) A. Office Max		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1331 Boltonfield St		Amount of Each Disbursement this Period 635.99
City Columbus	State OH Zip Code 43228-3697	
Purpose of Disbursement Office Equipment	Candidate Name	Transaction ID : SB17.4535
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Splash Digital		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 455 S 4th St. Ste 444		Amount of Each Disbursement this Period 600.00
City Louisville	State KY Zip Code 40202	
Purpose of Disbursement Website Management	Candidate Name	Transaction ID : SB17.4542
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 636 High St		Amount of Each Disbursement this Period 82.30
City Brandenburg	State KY Zip Code 40108-9998	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.4532
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4535

*

Form/Schedule: SB17

Transaction ID: SB17.4532

*

**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 30	
	<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) A. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 636 High St		Amount of Each Disbursement this Period 38.64
City Brandenburg	State KY	
Zip Code 40108-9998	Purpose of Disbursement Postage -- See In Kind CTB from Candidate on 4/30/2014	Transaction ID : SB17.4543
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Matt Wyatt		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 200 Westwood Ct		Amount of Each Disbursement this Period 4000.00
City Elizabethtown	State KY	
Zip Code 42701-2816	Purpose of Disbursement Ad Production	Transaction ID : SB17.4545
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) C.		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	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	15170.60

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4543

*

Form/Schedule:

Transaction ID:

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 Campaign Finance Group, Inc.	Nature of Debt (Purpose): Finance Consultant Fee
Mailing Address 33 R. St., NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="4329.63"/>	Transaction ID : SD10.4617
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	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="4329.63"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="3500.00"/>	Transaction ID : SD10.4619
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	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 Ms Theresa Drake	Nature of Debt (Purpose): Treasurer Fee
Mailing Address P.O. Box 443	
City State Zip Code Vine Grove KY 40175	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="250.00"/>	Transaction ID : SD10.4621
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	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"/>	

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

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
Ms Theresa Drake

Mailing Address P.O. Box 443

City State Zip Code
Vine Grove KY 40175

Nature of Debt (Purpose):
Treasurer Fee

Outstanding Balance Beginning This Period **250.00** **Transaction ID : SD10.4623**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **250.00**

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) SUBTOTALS This Period This Page (optional)	250.00
2) TOTALS This Period (last page this line number only)	8329.63
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	8329.63