Event Date 9/28/11
Page 2

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO ELECT PAUL LEITH	IADT			
Full Name of Contributor			Registration Number, if PAC	
GARY JONES			, and	
Street Address	Employer/Occupation/Labor Organization* ATTORNEY		M D	Y Amount
1503 COMMONWEALTH DR.			0 9 2 8	
City	Sta te	Zip Code	Form (Cash, Clic CHECK	ck, etc.)
BLACKLICK	ОН	43004	Registration Nu	nobor if DAC
Full Name of Contributor MICHAEL MORAN			Kegisuadon Nu	mod, it fac
Street Address	Employer/Occupation/Labor Organization*		M D,	Y Amount
511 HOWLAND DR.			0 9 2 8	1 1 \$40.00
City	Sta te	Zip Code	Form (Cash, Che	eck, etc.)
GAHANNA	OH	43230	CASH Registration Nu	II CONC
Full Name of Contributor			Registration Nu	REUCI, II PAC
Street Address Employer/Occupation/Labor Organization*		ation/Labor Organization*	M D	Y Amount
	ishipion occupance size of organization			
City	Sta te	Zip Code	Form (Cash, Che	eck, etc.)
	OH			1000
Full Name of Contributor			Registration Nu	mber, if PAC
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Y Amount
City	Sta te	Zip Code	Form (Cash, Che	eck, etc.)
	OH		5 (V	1 :004.6
Full Name of Contributor			Registration Nu	mber, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount
		Ü		
City	Sta te	Zip Code	Form (Cash, Che	eck, etc.)
	OH		Registration Number, if PAC	
Full Name of Contributor			Registration No	miler, II PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y Amount
City	Sta' te	Zip Code	Form (Cash, Che	eck, etc.)
	OH		I Book of N	L 'CDAG
Full Name of Contributor			Registration Nu	iniogi, II PAC
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount
		5		
City	Sta te	Zip Code	Form (Cash, Ch	eck, etc.)
	OH			
* Required for contributions from individuals over \$10	00 to statewide and General As:	sembly candidates. If contrib	utor is self-employed,	the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

a the date commit				
Total contributions this event	Total expenditures this event.			
\$565.00	\$683.01			

\$140.00

Page Total \$

the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payrol! deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]