

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|  |                    |  |               |               |  |               |                             |
|--|--------------------|--|---------------|---------------|--|---------------|-----------------------------|
| Name of Committee in Full<br><b>COMMITTEE TO ELECT PAUL LEITHART</b> |                    |  |               |               |  |               |                             |
| Full Name of Contributor<br><b>RAYMOND E. MASON III</b>              |                    |  |               |               | Registration Number, if PAC              |               |                             |
| Street Address<br><b>1688 E. 5TH AVE.</b>                            |                    | Employer/Occupation/Labor Organization*<br><b>COLUMBUS TRUCK &amp; EQUIPMENT CO.</b> |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                             |
| City<br><b>COLUMBUS</b>  | State<br><b>OH</b> | Zip Code<br><b>43219</b>   | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>0</b>                            | Y<br><b>2</b> | Amount<br><b>\$1,000.00</b> |
| Full Name of Contributor<br><b>MICHAEL GOLDSBURY</b>                 |                    |  |               |               | Registration Number, if PAC              |               |                             |
| Street Address<br><b>1399 WINDRUSH CIR.</b>                          |                    | Employer/Occupation/Labor Organization*<br><b>ACME ENTERPRISES INC.</b>              |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                             |
| City<br><b>BLACKLICK</b>   | State<br><b>OH</b> | Zip Code<br><b>43004</b>   | M<br><b>0</b> | D<br><b>8</b> | Y<br><b>2</b>                            | Y<br><b>2</b> | Amount<br><b>\$100.00</b>   |
| Full Name of Contributor<br><b>JAMES HAVENS</b>                      |                    |  |               |               | Registration Number, if PAC              |               |                             |
| Street Address<br><b>141 E. TOWN ST. #200</b>                        |                    | Employer/Occupation/Labor Organization*<br><b>ATTORNEY</b>                           |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                             |
| City<br><b>COLUMBUS</b>  | State<br><b>OH</b> | Zip Code<br><b>43215</b>   | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Y<br><b>8</b> | Amount<br><b>\$100.00</b>   |
| Full Name of Contributor<br><b>VICTOR WOLFE</b>                      |                    |  |               |               | Registration Number, if PAC              |               |                             |
| Street Address<br><b>613 MILLWOOD CT.</b>                            |                    | Employer/Occupation/Labor Organization*<br><b>OHIO INSURANCE ADVISORS</b>            |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                             |
| City<br><b>GAHANNA</b>   | State<br><b>OH</b> | Zip Code<br><b>43230</b>   | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Y<br><b>9</b> | Amount<br><b>\$100.00</b>   |
| Full Name of Contributor<br><b>ERIC NAIMAN</b>                       |                    |  |               |               | Registration Number, if PAC              |               |                             |
| Street Address<br><b>968 BRYN MAWR</b>                               |                    | Employer/Occupation/Labor Organization*<br><b>BATTELLE MEMORIAL INSTITUTE</b>        |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                             |
| City<br><b>GAHANNA</b>   | State<br><b>OH</b> | Zip Code<br><b>43230</b>   | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Y<br><b>7</b> | Amount<br><b>\$200.00</b>   |
| Full Name of Contributor<br><b>ALLEN REIS</b>                        |                    |  |               |               | Registration Number, if PAC              |               |                             |
| Street Address<br><b>3250 KNOLL DR.</b>                              |                    | Employer/Occupation/Labor Organization*<br><b>WELTMAN WEINBERG &amp; REIS</b>        |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                             |
| City<br><b>GAHANNA</b>   | State<br><b>OH</b> | Zip Code<br><b>43230</b>   | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>3</b>                            | Y<br><b>0</b> | Amount<br><b>\$100.00</b>   |
| Full Name of Contributor<br><b>GARY BATKE</b>                        |                    |  |               |               | Registration Number, if PAC              |               |                             |
| Street Address<br><b>885 CORDERO LN.</b>                             |                    | Employer/Occupation/Labor Organization*<br><b>BAILEY CAVALIERI LLC</b>               |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                             |
| City<br><b>GAHANNA</b>   | State<br><b>OH</b> | Zip Code<br><b>43230</b>   | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>0</b>                            | Y<br><b>1</b> | Amount<br><b>\$100.00</b>   |
| Full Name of Contributor<br><b>STEVE GRAVES</b>                      |                    |  |               |               | Registration Number, if PAC              |               |                             |
| Street Address<br><b>814 POPPY HILLS DR.</b>                         |                    | Employer/Occupation/Labor Organization*<br><b>CKA SALES</b>                          |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                             |
| City<br><b>BLACKLICK</b>   | State<br><b>OH</b> | Zip Code<br><b>43004</b>   | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Y<br><b>5</b> | Amount<br><b>\$100.00</b>   |

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]