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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full COMMITTEE TO ELECT PAUL LEITHAR | Т | | | | | | |
|--|--|--|----------|--------------------------------|--------------------------------|--------------------------|--|
| Full Name of Contributor DENISE LEITHART | | | Registra | tion Nun | nber, if P | AC | |
| Street Address 133 MISTY OAK PL. | Employer/Occupation/Labor Organization BROOKE STOUGHTON LLC | | | Form (Cash, Check, etc.) CHECK | | | |
| City GAHANNA | State OH | Zip Code 43230 | 0 8 | D 7 | 1 1 | Amount \$500.00 | |
| Full Name of Contributor Registration Number ROBERT COHEN | | | | | | AC | |
| Street Address 146 GRANVILLE ST. | Employer/Occupation/Labor Organization ATTORNEY | | | Form (Cash, Check, etc.) CHECK | | | |
| City GAHANNA | State OH | Zip Code 43230 | 1 0 | 1 1 | 1 1 | Amount \$100.00 | |
| Full Name of Contributor TODD EMOFF Registration Number, if PAC | | | | | | AC | |
| Street Address 1123 SLEEPING MEADOW DR. | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) CHECK | | | |
| City NEW ALBANY | State OH | Zip Code 43054 | 1 0 | 1 3 | 1 1 | Amount \$50.00 | |
| Full Name of Contributor SEAN MAXFIELD Registration Number, if PAC | | | | | | | |
| Street Address 825 FRONT ST. | | Employer/Occupation/Labor Organization* ATTORNEY | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | State OH | Zip Code 43206 | 1 0 | 1 0 | 1 1 | Amount \$100.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | |
| Street Address | Employer/Occupati | on/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor Registration Number, if F | | | | | | AC | |
| Street Address | Employer/Occupati | ion/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | М | D | Y | Amount | |
| Full Name of Contributor Registration Number, if P | | | | | | AC | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| City | State OH | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor Registration Number, if F | | | | | | AC | |
| Street Address | Employer/Occupat | eccupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | М | D | Y | Amount | |

Page Total \$750.00

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