

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE TO ELECT PAUL LEITHART</b>				
Full Name of Contributor <b>KENNETH KOBER</b>			Registration Number, if PAC	
Street Address <b>268 BROOKHAVEN DRIVE EAST</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   2   8   1   1</b>	Amount <b>\$50.00</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>ROBERT NEELY</b>			Registration Number, if PAC	
Street Address <b>94 EASTCHERRY AVE.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   2   8   1   1</b>	Amount <b>\$25.00</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>VALERIE GROSSL</b>			Registration Number, if PAC	
Street Address <b>165 MISTY OAK PL.</b>	Employer/Occupation/Labor Organization* <b>HOUSEWIFE</b>		M   D   Y <b>0   9   2   8   1   1</b>	Amount <b>\$100.00</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>DR. PAUL LEITHART</b>			Registration Number, if PAC	
Street Address <b>750 FAIRWAY BLVD.</b>	Employer/Occupation/Labor Organization* <b>RETIRED</b>		M   D   Y <b>0   9   2   8   1   1</b>	Amount <b>\$100.00</b>
City <b>WHITEHALL</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>WILLIAM SMITH</b>			Registration Number, if PAC	
Street Address <b>223 GLENHURST CT.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   2   8   1   1</b>	Amount <b>\$25.00</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>NORMAN SELLERS</b>			Registration Number, if PAC	
Street Address <b>874 TAMARA DR. S.</b>	Employer/Occupation/Labor Organization* <b>RETIRED</b>		M   D   Y <b>0   9   2   8   1   1</b>	Amount <b>\$100.00</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>JOHN SCHROEDER</b>			Registration Number, if PAC	
Street Address <b>99 JAHN DR.</b>	Employer/Occupation/Labor Organization* <b>RETIRED</b>		M   D   Y <b>0   9   2   8   1   1</b>	Amount <b>\$25.00</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CHECK</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)]

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 form No. 31-E" and list the date of the event in the date column

Total contributions this event

**\$565.00**

Total expenditures this event.

**\$683.01**

Page Total \$ **\$425.00**