

**Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE TO ELECT PAUL LEITHART</b>						
Full Name of Contributor <b>DENISE LEITHART</b>				Registration Number, if PAC		
Street Address <b>133 MISTY PL.</b>		Employer/Occupation/Labor Organization* <b>BROOKE STOUGHTON LLC</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>ROBERT COHEN</b>				Registration Number, if PAC		
Street Address <b>146 GRANVILLE STREET</b>		Employer/Occupation/Labor Organization* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>TODD EMOFF</b>				Registration Number, if PAC		
Street Address <b>1123 SLEEPING MEADOW DR.</b>		Employer/Occupation/Labor Organization* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>NEW ALBANY</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>SEAN MAXFIELD</b>				Registration Number, if PAC		
Street Address <b>825 FRONT STREET</b>		Employer/Occupation/Labor Organization* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$100.00</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* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>ROBERT NEELY</b>				Registration Number, if PAC		
Street Address <b>94 EASTCHERRY AVE.</b>		Employer/Occupation/Labor Organization* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$25.00</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>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$100.00</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>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>WHITEHALL</b>	State <b>OH</b>	Zip Code <b>43213</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <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)]

Page Total **\$1,025.00**