

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO ELECT PAUL LEITHART							
Full Name of Contributor WILLIAM SMITH					Registration Number, if PAC		
Street Address 223 GLENHURST CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 9	Y 2	Y 8	Amount \$25.00
Full Name of Contributor NORMAN SELLERS					Registration Number, if PAC		
Street Address 874 TAMARA DR. S.		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 9	Y 2	Y 8	Amount \$100.00
Full Name of Contributor JOHN SCHROEDER					Registration Number, if PAC		
Street Address 89 JAHN CT.		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 9	Y 2	Y 8	Amount \$25.00
Full Name of Contributor GARY JONES					Registration Number, if PAC		
Street Address 1503 COMMONWEALTH DR.		Employer/Occupation/Labor Organization* ATTORNEY			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State OH	Zip Code 43004	M 0	D 9	Y 2	Y 8	Amount \$100.00
Full Name of Contributor MICHAEL MORAN					Registration Number, if PAC		
Street Address 511 HOWLAND DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 9	Y 2	Y 8	Amount \$40.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Y	Amount

* 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)]