

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Gary Leitzell		Registration Number, if PAC	
Full Name of Candidate Gary Leitzell			
Street Address 525 Heiss Ave		Office Sought Mayer	District
City Dayton		State OH	Zip Code 45403
Type of Report (place X to the left of report type)	Pre-Primary ☐ July Monthly	Post-Primary ☐ August Monthly	☒ Pre-General ☐ September Monthly
			Post-General ☐ Termination
Amended Report? ☐ Yes ☒ No	Report Electronically Filed? ☐ Yes ☒ No	M 1 0 3 0 9	

For candidates only, during an election year, if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount reported for general fund election year	\$	0	-
2. Total monthly contributions received (Form No. 31-A)	\$	15935	86
3. Total other income (Form No. 31-A)	\$	-	-
4. Total funds available (from lines 2 & 3)	\$	15935	86
5. Total monthly expenditures (Form No. 31-B)	\$	11041	60
6. Balance on hand (line 4 minus line 5)	\$	4894	26
7. Value of in-kind contributions received (Form No. 31-C)	\$	4001	90
8. Value of in-kind contributions made (Form No. 31-D)	\$	-	-
9. Outstanding debt owed by committee (Form No. 31-E)	\$	-	-
10. Outstanding debt owed by committee (Form No. 31-F)	\$	-	-
11. Outstanding loans owed to committee (Form No. 31-G)	\$	-	-
12. Value of independent expenditures made (Form No. 31-H)	\$	-	-
13. For Electronic Filers Only Name of Ohio Gov. and number of any other state in which period covered by this report is reported	\$	-	-

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THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Daniel Kennedy, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Daniel Kennedy
Signature

10-21-09
Date

Contribution
pages 18

Expenditure
pages 6

Other
pages 13

Total
pages 37

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Gary Leitzell								Registration Number, if PAC	
Full Name of Contributor Edgar Herrman								Form (Cash, Check, etc.) check	
Street Address 7002 Rosecliff PL				Employer/Occupation/Labor Organization*				Amount	
City Dayton		State OH		Zip Code 45459		M 0		D 4	
						Y 1		Y 4	
						Y 0		Y 9	
Full Name of Contributor Charles King								Registration Number, if PAC	
Street Address PO Box 524				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton		State OH		Zip Code 45401		M 0		D 4	
						Y 2		Y 5	
						Y 0		Y 9	
Full Name of Contributor Carolyn Nikolai								Registration Number, if PAC	
Street Address 7312 Caribou Trl.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton		State OH		Zip Code 45459		M 0		D 4	
						Y 2		Y 0	
						Y 0		Y 9	
Full Name of Contributor Leah Stalts								Registration Number, if PAC	
Street Address 2957 Sholtz Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Crestview		State FL		Zip Code 32539		M 0		D 4	
						Y 2		Y 5	
						Y 0		Y 9	
Full Name of Contributor Darlene Breen								Registration Number, if PAC	
Street Address 6968 Beckett Ct.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton		State OH		Zip Code 45459		M 0		D 4	
						Y 2		Y 0	
						Y 0		Y 9	
Full Name of Contributor Judy Snider								Registration Number, if PAC	
Street Address 1220 Demphle Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton		State OH		Zip Code 45410		M 0		D 4	
						Y 2		Y 0	
						Y 0		Y 9	
Full Name of Contributor Helen Jackson								Registration Number, if PAC	
Street Address 301 Trailwoods Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton		State OH		Zip Code 45415		M 0		D 4	
						Y 2		Y 0	
						Y 0		Y 9	
Full Name of Contributor E. Steven Siefker								Registration Number, if PAC	
Street Address 25 Maccready Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton		State OH		Zip Code 45404		M 0		D 4	
						Y 2		Y 0	
						Y 0		Y 9	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Friends of Gary Leitzell</u>							
Full Name of Contributor <u>Bryan Michel</u>						Registration Number, if PAC	
Street Address <u>2321 Miami Village Dr.</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Miamisburg</u>		State <u>OH</u>	Zip Code <u>45342</u>		M <u>0</u>	D <u>4</u>	Y <u>2009</u>
						Amount <u>20.-</u>	
Full Name of Contributor <u>Larry Leveck</u>						Registration Number, if PAC	
Street Address <u>831 Rockcreek Dr.</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45458</u>		M <u>0</u>	D <u>4</u>	Y <u>2009</u>
						Amount <u>20.-</u>	
Full Name of Contributor <u>Raymond Griffen</u>						Registration Number, if PAC	
Street Address <u>111 Green St.</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45402</u>		M <u>0</u>	D <u>4</u>	Y <u>2009</u>
						Amount <u>40.-</u>	
Full Name of Contributor <u>Charles Davis</u>						Registration Number, if PAC	
Street Address <u>5726 Chukar Dr</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45424</u>		M <u>0</u>	D <u>4</u>	Y <u>2009</u>
						Amount <u>25.-</u>	
Full Name of Contributor <u>Annmarie Gallin</u>						Registration Number, if PAC	
Street Address <u>40 Gebhart St.</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45410</u>		M <u>0</u>	D <u>5</u>	Y <u>0709</u>
						Amount <u>25.-</u>	
Full Name of Contributor <u>Leah Stults</u>						Registration Number, if PAC	
Street Address <u>2957 Sholtz Ave</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>crestview</u>		State <u>FL</u>	Zip Code <u>32539</u>		M <u>0</u>	D <u>6</u>	Y <u>1809</u>
						Amount <u>20.-</u>	
Full Name of Contributor <u>Nancy Brooks</u>						Registration Number, if PAC	
Street Address <u>521 Bowen St.</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45410</u>		M <u>0</u>	D <u>6</u>	Y <u>1809</u>
						Amount <u>35.-</u>	
Full Name of Contributor <u>Margaret Quinn</u>						Registration Number, if PAC	
Street Address <u>600 Woods Rd.</u>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>check</u>	
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45419</u>		M <u>0</u>	D <u>6</u>	Y <u>1809</u>
						Amount <u>50.-</u>	

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Statement of Contributions Received

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Name of Committee in Full <i>Friends of Gary Leitzell</i>									
Full Name of Contributor <i>Margaret Quinn</i>						Registration Number, if PAC			
Street Address <i>600 Woods Rd.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45419</i>		M <i>0</i>	D <i>6</i>	Y <i>18</i>	Amount <i>35.-</i>	
Full Name of Contributor <i>Maria Brandt</i>						Registration Number, if PAC			
Street Address <i>3931 Roslyn Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Kettering</i>		State <i>OH</i>	Zip Code <i>45429</i>		M <i>0</i>	D <i>6</i>	Y <i>19</i>	Amount <i>70.-</i>	
Full Name of Contributor <i>Angela Loch</i>						Registration Number, if PAC			
Street Address <i>7633 Dayton Liberty Rd.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45418</i>		M <i>0</i>	D <i>6</i>	Y <i>18</i>	Amount <i>35.-</i>	
Full Name of Contributor <i>Rachel NobleH</i>						Registration Number, if PAC			
Street Address <i>4225 Crownwood Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45415</i>		M <i>0</i>	D <i>6</i>	Y <i>19</i>	Amount <i>20.-</i>	
Full Name of Contributor <i>David McDonald</i>						Registration Number, if PAC			
Street Address <i>3706 Ridgeway Rd</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45419</i>		M <i>0</i>	D <i>6</i>	Y <i>27</i>	Amount <i>200.-</i>	
Full Name of Contributor <i>Larry Collins</i>						Registration Number, if PAC			
Street Address <i>1250 Ashland Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45420</i>		M <i>0</i>	D <i>6</i>	Y <i>16</i>	Amount <i>250.-</i>	
Full Name of Contributor <i>Charles Grove</i>						Registration Number, if PAC			
Street Address <i>6919 Chardonnay Dr</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Centerville</i>		State <i>OH</i>	Zip Code <i>45459</i>		M <i>0</i>	D <i>7</i>	Y <i>17</i>	Amount <i>200.-</i>	
Full Name of Contributor <i>Kathleen Coley</i>						Registration Number, if PAC			
Street Address <i>430 E. 6th St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45402</i>		M <i>0</i>	D <i>7</i>	Y <i>16</i>	Amount <i>25.-</i>	

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Statement of Contributions Received

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Name of Committee in Full Friends of Gary Leitzell									
Full Name of Contributor Benjamin Schuster						Registration Number, if PAC			
Street Address 109 N. Main St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Dayton		State OH	Zip Code 45402		M 0	D 7	Y 30	Amount 150.-	
Full Name of Contributor Coleen Wooten						Registration Number, if PAC			
Street Address 4715 Shaunce Creek Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Dayton		State OH	Zip Code 45415		M 0	D 8	Y 06	Amount 250.-	
Full Name of Contributor Linda Miller						Registration Number, if PAC			
Street Address 542 Snyder Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Dayton		State OH	Zip Code 45440		M 0	D 8	Y 03	Amount 200.-	
Full Name of Contributor Daniel Livesay						Registration Number, if PAC			
Street Address 58 Linden Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Dayton		State OH	Zip Code 45403		M 0	D 8	Y 09	Amount 80.-	
Full Name of Contributor Richard Fisher						Registration Number, if PAC			
Street Address 5835 Kimway Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Dayton		State OH	Zip Code 45459		M 0	D 8	Y 07	Amount 100.-	
Full Name of Contributor Linda Miller						Registration Number, if PAC			
Street Address 542 Snyder Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check.			
City Dayton		State OH	Zip Code 45440		M 0	D 8	Y 03	Amount 200.-	
Full Name of Contributor Jean Woodhull						Registration Number, if PAC			
Street Address 1200 Runnymede Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Dayton		State OH	Zip Code 45419		M 0	D 8	Y 25	Amount 500.-	
Full Name of Contributor Barbara Richardson						Registration Number, if PAC			
Street Address 249 Wroe Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Dayton		State OH	Zip Code 45406		M 0	D 8	Y 25	Amount 50.-	

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Name of Committee in Full <u>Friends of Gary Leitzell</u>									
Full Name of Contributor <u>Daniel Dittman</u>						Registration Number, if PAC			
Street Address <u>1011 Kenworthy Pl</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>Centerville</u>			State <u>OH</u>	Zip Code <u>45458</u>		M <u>0</u>	D <u>6</u>	Y <u>16</u>	Amount <u>100.-</u>
Full Name of Contributor <u>Ron Browning</u>						Registration Number, if PAC			
Street Address <u>79 E. Franklin St.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>cash</u>			
City <u>Bellbrook</u>			State <u>OH</u>	Zip Code <u>45305</u>		M <u>0</u>	D <u>8</u>	Y <u>21</u>	Amount <u>100.-</u>
Full Name of Contributor <u>Colin Beeman ^{DUPLICATED SEE PAGE 6}</u>						Registration Number, if PAC <u>\$20</u>			
Street Address <u>603 Sandalwood Dr</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>Dayton</u>			State <u>OH</u>	Zip Code <u>45405</u>		M <u>0</u>	D <u>9</u>	Y <u>12</u>	Amount <u>2000.-</u>
Full Name of Contributor <u>Barbara Ann Smith</u>						Registration Number, if PAC			
Street Address <u>45 Green St.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>Dayton</u>			State <u>OH</u>	Zip Code <u>45402</u>		M <u>0</u>	D <u>9</u>	Y <u>11</u>	Amount <u>25.-</u>
Full Name of Contributor <u>Jeff Samuelson</u>						Registration Number, if PAC			
Street Address <u>1488 Forrer Blvd.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>cashier check</u>			
City <u>Kettering</u>			State <u>OH</u>	Zip Code <u>45420</u>		M <u>0</u>	D <u>9</u>	Y <u>22</u>	Amount <u>1000.-</u>
Full Name of Contributor <u>Judith Gottman</u>						Registration Number, if PAC			
Street Address <u>24 Grandon Rd.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>Dayton</u>			State <u>OH</u>	Zip Code <u>45419</u>		M <u>0</u>	D <u>9</u>	Y <u>22</u>	Amount <u>100.-</u>
Full Name of Contributor <u>Sara Woodhull</u>						Registration Number, if PAC			
Street Address <u>4220 Trails End Dr.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>Kettering</u>			State <u>OH</u>	Zip Code <u>45424</u>		M <u>0</u>	D <u>9</u>	Y <u>22</u>	Amount <u>200.-</u>
Full Name of Contributor <u>Wilburn Lee Baker</u>						Registration Number, if PAC			
Street Address <u>926 Bischoff Rd</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>New Carlisle</u>			State <u>OH</u>	Zip Code <u>45344</u>		M <u>0</u>	D <u>9</u>	Y <u>01</u>	Amount <u>500.-</u>

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Statement of Contributions Received

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Name of Committee in Full <i>Friends of Gary Lertzell</i>									
Full Name of Contributor <i>Christina Miller</i>						Registration Number, if PAC			
Street Address <i>5572 Barbanna Ln</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45415</i>		M <i>09</i>	D <i>01</i>	Y <i>09</i>	Amount <i>20</i>	
Full Name of Contributor <i>Wilburn Lee Baker</i>						Registration Number, if PAC			
Street Address <i>926 Bischoff Rd</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>New Carlisle</i>		State <i>OH</i>	Zip Code <i>45344</i>		M <i>09</i>	D <i>06</i>	Y <i>09</i>	Amount <i>500.-</i>	
Full Name of Contributor <i>Harald Miller</i>						Registration Number, if PAC			
Street Address <i>2337 Eastwind Drive</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Beavercreek</i>		State <i>OH</i>	Zip Code <i>45434</i>		M <i>09</i>	D <i>08</i>	Y <i>09</i>	Amount <i>30.-</i>	
Full Name of Contributor <i>Betty Lemke</i>						Registration Number, if PAC			
Street Address <i>1204 Lytle Ln</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Kettering</i>		State <i>OH</i>	Zip Code <i>45409</i>		M <i>09</i>	D <i>08</i>	Y <i>09</i>	Amount <i>15.-</i>	
Full Name of Contributor <i>Barbara Ann Smith</i>						Registration Number, if PAC			
Street Address <i>45 Green St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45402</i>		M <i>09</i>	D <i>11</i>	Y <i>09</i>	Amount <i>25.-</i>	
Full Name of Contributor <i>Colin Beeman</i> (<i>\$20</i>)						Registration Number, if PAC			
Street Address <i>603 Sandalwood</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45405</i>		M <i>09</i>	D <i>12</i>	Y <i>09</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Robert Karl</i>						Registration Number, if PAC			
Street Address <i>18 Maylan Dr.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45405</i>		M <i>09</i>	D <i>17</i>	Y <i>09</i>	Amount <i>50.-</i>	
Full Name of Contributor <i>Jacob Kitchenner</i>						Registration Number, if PAC			
Street Address <i>7121 White Water Ct.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45414</i>		M <i>09</i>	D <i>13</i>	Y <i>09</i>	Amount <i>50.-</i>	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Gary Leitzell							
Full Name of Contributor Barbara Rion						Registration Number, if PAC	
Street Address 2325 Ridgeway Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton			State OH	Zip Code 45419	M 09	D 15	Y 09
						Amount 100.00	
Full Name of Contributor Nancy Diggs						Registration Number, if PAC	
Street Address 1106 Lytle Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton			State OH	Zip Code 45409	M 09	D 16	Y 09
						Amount 250.00	
Full Name of Contributor Kathleen Coley						Registration Number, if PAC	
Street Address 430 E. 6th St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton			State OH	Zip Code 45402	M 09	D 18	Y 09
						Amount 25.00	
Full Name of Contributor Steve Earman						Registration Number, if PAC	
Street Address 1207 Chisolm Tr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Centerville			State OH	Zip Code 45458	M 09	D 15	Y 09
						Amount 400.00	
Full Name of Contributor John Staten						Registration Number, if PAC	
Street Address 1682 Laderva Trl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton			State OH	Zip Code 45459	M 09	D 20	Y 09
						Amount 100.00	
Full Name of Contributor Benjamin Schuster						Registration Number, if PAC	
Street Address 109 N. Main St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton			State OH	Zip Code 45419	M 09	D 18	Y 09
						Amount 100.00	
Full Name of Contributor Wilburn Lee Baker						Registration Number, if PAC	
Street Address 926 Bischoff Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City New Carlisle			State OH	Zip Code 45344	M 09	D 23	Y 09
						Amount 250.00	
Full Name of Contributor Connie Henderson						Registration Number, if PAC	
Street Address 60 Illinois Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton			State OH	Zip Code 45410	M 09	D 25	Y 09
						Amount 10.00	

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Leitzell</i>							
Full Name of Contributor <i>Benjamin Schuster</i>					Registration Number, if PAC		
Street Address <i>109 N. Main St.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45419</i>	M <i>0</i>	D <i>9</i>	Y <i>23</i>	Amount <i>100.-</i>	
Full Name of Contributor <i>Ann Fensel</i>					Registration Number, if PAC		
Street Address <i>446 Red How Rd.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45405</i>	M <i>0</i>	D <i>0</i>	Y <i>30</i>	Amount <i>25.-</i>	
Full Name of Contributor <i>Patricia Fetterhoff</i>					Registration Number, if PAC		
Street Address <i>4011 E. 4th St.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45403</i>	M <i>0</i>	D <i>9</i>	Y <i>28</i>	Amount <i>50.-</i>	
Full Name of Contributor <i>William Eldridge</i>					Registration Number, if PAC		
Street Address <i>1309 Creighton Ave</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>cash</i>		
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45410</i>	M <i>0</i>	D <i>9</i>	Y <i>28</i>	Amount <i>100.-</i>	
Full Name of Contributor <i>James Day</i>					Registration Number, if PAC		
Street Address <i>1709 Wayne Ave</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45410</i>	M <i>0</i>	D <i>9</i>	Y <i>28</i>	Amount <i>200.-</i>	
Full Name of Contributor <i>Stephen Harris</i>					Registration Number, if PAC		
Street Address <i>1619 Chartwell Dr.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45459</i>	M <i>0</i>	D <i>9</i>	Y <i>30</i>	Amount <i>100.-</i>	
Full Name of Contributor <i>Virginia Dieruf</i>					Registration Number, if PAC		
Street Address <i>119 Rue Marseille</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45429</i>	M <i>0</i>	D <i>9</i>	Y <i>28</i>	Amount <i>100.-</i>	
Full Name of Contributor <i>Sherry Alessandro</i>					Registration Number, if PAC		
Street Address <i>116 Brown St.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45402</i>	M <i>0</i>	D <i>9</i>	Y <i>30</i>	Amount <i>100.-</i>	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Leitzell</i>							
Full Name of Contributor <i>Linda Miller</i>						Registration Number, if PAC	
Street Address <i>542 Snyder Ct.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45440</i>		M <i>09</i>	D <i>30</i>	Y <i>09</i>
						Amount <i>100.-</i>	
Full Name of Contributor <i>Realtors Political Action Committee</i>						Registration Number, if PAC <i>OH20-KP401</i>	
Street Address <i>200 E. Town St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		M <i>10</i>	D <i>02</i>	Y <i>09</i>
						Amount <i>1000.-</i>	
Full Name of Contributor <i>Gregory Gallagher</i>						Registration Number, if PAC	
Street Address <i>25 W. Dorothy Ln</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Kettering</i>		State <i>OH</i>	Zip Code <i>45429</i>		M <i>10</i>	D <i>02</i>	Y <i>09</i>
						Amount <i>100.-</i>	
Full Name of Contributor <i>Lee Wood</i>						Registration Number, if PAC	
Street Address <i>19 Seminary Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45403</i>		M <i>10</i>	D <i>06</i>	Y <i>09</i>
						Amount <i>50.-</i>	
Full Name of Contributor <i>Lee Wood</i>						Registration Number, if PAC	
Street Address <i>19 Seminary Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45403</i>		M <i>10</i>	D <i>06</i>	Y <i>09</i>
						Amount <i>40.-</i>	
Full Name of Contributor <i>David Esrati</i>						Registration Number, if PAC	
Street Address <i>113 Bonner St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45410</i>		M <i>10</i>	D <i>07</i>	Y <i>09</i>
						Amount <i>25.-</i>	
Full Name of Contributor <i>Lawrence White</i>						Registration Number, if PAC	
Street Address <i>2533 Fox Hills Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45419</i>		M <i>10</i>	D <i>08</i>	Y <i>09</i>
						Amount <i>100.-</i>	
Full Name of Contributor <i>Ethel Boomershine-Vogel</i>						Registration Number, if PAC	
Street Address <i>1301 Salem Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45406</i>		M <i>10</i>	D <i>07</i>	Y <i>09</i>
						Amount <i>25.-</i>	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Leitzell</i>									
Full Name of Contributor <i>J. Thomas Johnson</i>						Registration Number, if PAC			
Street Address <i>P.O. Box 61223</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45406</i>		M <i>10</i>	D <i>12</i>	Y <i>09</i>	Amount <i>25.-</i>
Full Name of Contributor <i>Lawrence Steink</i>						Registration Number, if PAC			
Street Address <i>128 Echo Valley Dr.</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>		
City <i>Vandalia</i>			State <i>OH</i>	Zip Code <i>45377</i>		M <i>10</i>	D <i>06</i>	Y <i>09</i>	Amount <i>80.-</i>
Full Name of Contributor <i>Gail Horvath</i>						Registration Number, if PAC			
Street Address <i>4300 old Salem Rd.</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>		
City <i>Englewood</i>			State <i>OH</i>	Zip Code <i>45322</i>		M <i>10</i>	D <i>01</i>	Y <i>09</i>	Amount <i>19.-</i>
Full Name of Contributor <i>Patti Ballard</i>						Registration Number, if PAC			
Street Address <i>333 Oakwood Ave</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45409</i>		M <i>09</i>	D <i>30</i>	Y <i>09</i>	Amount <i>100.-</i>
Full Name of Contributor <i>Barbara Witt</i>						Registration Number, if PAC			
Street Address <i>122 Lexington Ave.</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45402</i>		M <i>10</i>	D <i>09</i>	Y <i>09</i>	Amount <i>100.-</i>
Full Name of Contributor <i>Daniel Crotty</i>						Registration Number, if PAC			
Street Address <i>560 Timberlea Tr</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>		
City <i>Kettering</i>			State <i>OH</i>	Zip Code <i>45429</i>		M <i>10</i>	D <i>08</i>	Y <i>09</i>	Amount <i>400.-</i>
Full Name of Contributor <i>Larry Couchat</i>						Registration Number, if PAC			
Street Address <i>818 E. Franklin St.</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>		
City <i>Centerville</i>			State <i>OH</i>	Zip Code <i>45459</i>		M <i>10</i>	D <i>15</i>	Y <i>09</i>	Amount <i>500.-</i>
Full Name of Contributor <i>Nellie Terrell</i>						Registration Number, if PAC			
Street Address <i>731 Mt. Clair Ave</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>		
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45408</i>		M <i>10</i>	D <i>20</i>	Y <i>09</i>	Amount <i>50.-</i>

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Friends of Gary Leitzell</u>									
Full Name of Contributor <u>Wilburn L. Baker</u>						Registration Number, if PAC			
Street Address <u>926 Bischoff Rd.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>New Carlisle</u>		State <u>OH</u>	Zip Code <u>45344</u>		M <u>1</u>	D <u>0</u>	Y <u>16</u>	Amount <u>300.-</u>	
Full Name of Contributor <u>John Hyer</u>						Registration Number, if PAC			
Street Address <u>1027 Holly Ave</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45410</u>		M <u>1</u>	D <u>0</u>	Y <u>17</u>	Amount <u>40.-</u>	
Full Name of Contributor <u>Betty Lemke</u>						Registration Number, if PAC			
Street Address <u>1204 Lytle Ln</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>Kettering</u>		State <u>OH</u>	Zip Code <u>45409</u>		M <u>1</u>	D <u>0</u>	Y <u>17</u>	Amount <u>20.-</u>	
Full Name of Contributor <u>Michelle Gootce</u>						Registration Number, if PAC			
Street Address <u>723 Grafton Ave</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45406</u>		M <u>1</u>	D <u>0</u>	Y <u>16</u>	Amount <u>20.-</u>	
Full Name of Contributor <u>Patricia Hodepp</u>						Registration Number, if PAC			
Street Address <u>43 cliff st.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>			
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45405</u>		M <u>1</u>	D <u>0</u>	Y <u>16</u>	Amount <u>20.-</u>	
Full Name of Contributor <u>Amy Tackett</u>						Registration Number, if PAC			
Street Address <u>322 Gunkel Ave</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Pay Pal</u>			
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45410</u>		M <u>0</u>	D <u>7</u>	Y <u>13</u>	Amount <u>100.-</u>	
Full Name of Contributor <u>Matthew Dunn</u>						Registration Number, if PAC			
Street Address <u>24 Murray Dr.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Pay Pal</u>			
City <u>Dayton</u>		State <u>OH</u>	Zip Code <u>45403</u>		M <u>0</u>	D <u>7</u>	Y <u>13</u>	Amount <u>25.-</u>	
Full Name of Contributor <u>Timothy Pond</u>						Registration Number, if PAC			
Street Address <u>4966 Ashwyck PL.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Pay Pal</u>			
City <u>Kettering</u>		State <u>OH</u>	Zip Code <u>45429</u>		M <u>0</u>	D <u>7</u>	Y <u>13</u>	Amount <u>30.-</u>	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Lertzell</i>							
Full Name of Contributor <i>Robert Clark</i>						Registration Number, if PAC	
Street Address <i>1424 Carolina Dr</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Vandalia</i>			State <i>OH</i>	Zip Code <i>45377</i>	M <i>0</i>	D <i>7</i>	Y <i>12 09</i>
						Amount <i>100.-</i>	
Full Name of Contributor <i>John Hyer Jr.</i>						Registration Number, if PAC	
Street Address <i>1027 Holly Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45410</i>	M <i>0</i>	D <i>7</i>	Y <i>10 09</i>
						Amount <i>25</i>	
Full Name of Contributor <i>Chad Snoke</i>						Registration Number, if PAC	
Street Address <i>1616 Wayne Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45410</i>	M <i>0</i>	D <i>7</i>	Y <i>10 09</i>
						Amount <i>100.-</i>	
Full Name of Contributor <i>Mitch Kearns</i>						Registration Number, if PAC	
Street Address <i>1311 Highland Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45410</i>	M <i>0</i>	D <i>7</i>	Y <i>10 09</i>
						Amount <i>50.-</i>	
Full Name of Contributor <i>Amanda Rotherman</i>						Registration Number, if PAC	
Street Address <i>40 Edgar Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45410</i>	M <i>0</i>	D <i>7</i>	Y <i>08 09</i>
						Amount <i>25.-</i>	
Full Name of Contributor <i>Carmen Peterka</i>						Registration Number, if PAC	
Street Address <i>67 Virginia Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45410</i>	M <i>0</i>	D <i>7</i>	Y <i>07 09</i>
						Amount <i>25.-</i>	
Full Name of Contributor <i>Judy Snider</i>						Registration Number, if PAC	
Street Address <i>1220 Demphle Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45410</i>	M <i>0</i>	D <i>7</i>	Y <i>06 09</i>
						Amount <i>100.-</i>	
Full Name of Contributor <i>Patricia McDonald</i>						Registration Number, if PAC	
Street Address <i>3706 Ridgeway Rd.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Dayton OH</i>			State <i>OH</i>	Zip Code <i>45419</i>	M <i>0</i>	D <i>7</i>	Y <i>06 09</i>
						Amount <i>50.-</i>	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Friends of Gary Lertzell									
Full Name of Contributor						Registration Number, if PAC			
Mark Dues									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1152 Brewster Dr						Pay Pal			
City			State	Zip Code		M	D	Y	Amount
Beavercreek			OH	45434		0	7	04	100
Full Name of Contributor						Registration Number, if PAC			
Robert Sims									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1403 Epworth Ave						Pay Pal			
City			State	Zip Code		M	D	Y	Amount
Dayton			OH	45410		0	7	03	25.-
Full Name of Contributor						Registration Number, if PAC			
Judith Magnus									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
52 Anderson Ave						Pay Pal			
City			State	Zip Code		M	D	Y	Amount
Dayton			OH	45410		0	7	03	50.-
Full Name of Contributor						Registration Number, if PAC			
Kevin Remhof									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1114 Hampshire Rd.						Pay Pal			
City			State	Zip Code		M	D	Y	Amount
Dayton			OH	45419		0	7	03	25.-
Full Name of Contributor						Registration Number, if PAC			
Deborah Cool-Horens									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
114 Volkenand Ave						Pay Pal			
City			State	Zip Code		M	D	Y	Amount
Dayton			OH	45410		0	7	02	5.-
Full Name of Contributor						Registration Number, if PAC			
Ryan Lynch									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2972 Oakland Ave						Pay Pal			
City			State	Zip Code		M	D	Y	Amount
Kettering			OH	45409		0	7	02	50.-
Full Name of Contributor						Registration Number, if PAC			
Rebecca Beauchamp									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
128 Bellaire Ave						Pay Pal			
City			State	Zip Code		M	D	Y	Amount
Dayton			OH	45420		0	4	07	10.-
Full Name of Contributor						Registration Number, if PAC			
William Brandt.									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3931 Roslyn Ave						Pay Pal			
City			State	Zip Code		M	D	Y	Amount
Kettering			OH	45429		0	4	05	100.-

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Leitzell</i>									
Full Name of Contributor <i>John Richardson</i>						Registration Number, if PAC			
Street Address <i>241 Wroe Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45406</i>		M <i>0</i>	D <i>7</i>	Y <i>21</i>	Amount <i>25.-</i>	
Full Name of Contributor <i>Duncan Ford</i>						Registration Number, if PAC			
Street Address <i>46 South St., Partridge Green,</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>			
City <i>Horsham, Wilts, RH13 8EL, U.K.</i>		State	Zip Code		M <i>0</i>	D <i>8</i>	Y <i>03</i>	Amount <i>25.-</i>	
Full Name of Contributor <i>Dayton Skater</i>						Registration Number, if PAC			
Street Address <i>248 Volusia Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>			
City <i>Orkwood</i>		State <i>OH</i>	Zip Code <i>45409</i>		M <i>0</i>	D <i>8</i>	Y <i>05</i>	Amount <i>20.-</i>	
Full Name of Contributor <i>Sarah Abernethy</i>						Registration Number, if PAC			
Street Address <i>165 Virginia Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45410</i>		M <i>0</i>	D <i>8</i>	Y <i>18</i>	Amount <i>50.-</i>	
Full Name of Contributor <i>Mark Morris</i>						Registration Number, if PAC			
Street Address <i>4602 Kingview Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45420</i>		M <i>0</i>	D <i>8</i>	Y <i>25</i>	Amount <i>10.-</i>	
Full Name of Contributor <i>Erik Reichert</i>						Registration Number, if PAC			
Street Address <i>5743 Hunters Ridge Rd</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45431</i>		M <i>0</i>	D <i>8</i>	Y <i>25</i>	Amount <i>10.-</i>	
Full Name of Contributor <i>Shiloh Colon</i>						Registration Number, if PAC			
Street Address <i>6130 Gander Rd E.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45424</i>		M <i>0</i>	D <i>8</i>	Y <i>25</i>	Amount <i>10.-</i>	
Full Name of Contributor <i>Kristine Clark</i>						Registration Number, if PAC			
Street Address <i>660 St. Nicholas Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>			
City <i>Dayton</i>		State <i>OH</i>	Zip Code <i>45410</i>		M <i>0</i>	D <i>8</i>	Y <i>25</i>	Amount <i>10.-</i>	

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Friends of Gary Leitzell</u>									
Full Name of Contributor <u>Chad Snoke</u>						Registration Number, if PAC			
Street Address <u>1616 Wayne Ave</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Pay Pal</u>	
City <u>Dayton</u>		State <u>OH</u>		Zip Code <u>45410</u>		M <u>0</u>		D <u>9</u>	
						Y <u>0</u>		Amount <u>100.-</u>	
Full Name of Contributor <u>R. E. Browning</u>						Registration Number, if PAC			
Street Address <u>79 E. Franklin St.</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Pay Pal</u>	
City <u>Bellbrook.</u>		State <u>OH</u>		Zip Code <u>45305</u>		M <u>0</u>		D <u>9</u>	
						Y <u>0</u>		Amount <u>100.-</u>	
Full Name of Contributor <u>Kevin Shea</u>						Registration Number, if PAC			
Street Address <u>4739 Ozark Ave</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Pay Pal.</u>	
City <u>Dayton</u>		State <u>OH</u>		Zip Code <u>45432</u>		M <u>0</u>		D <u>9</u>	
						Y <u>0</u>		Amount <u>25.-</u>	
Full Name of Contributor <u>Kathryn Schierloh</u>						Registration Number, if PAC			
Street Address <u>327 Constantia Ave</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Pay Pal.</u>	
City <u>Dayton</u>		State <u>OH</u>		Zip Code <u>45419</u>		M <u>0</u>		D <u>9</u>	
						Y <u>0</u>		Amount <u>50.-</u>	
Full Name of Contributor <u>Kathryn Schierloh</u>						Registration Number, if PAC			
Street Address <u>327 Constantia Ave</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Pay Pal</u>	
City <u>Dayton</u>		State <u>OH</u>		Zip Code <u>45469</u>		M <u>0</u>		D <u>9</u>	
						Y <u>0</u>		Amount <u>25.-</u>	
Full Name of Contributor <u>Rebecca Hickey</u>						Registration Number, if PAC			
Street Address <u>837 Carlisle Ave</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Pay Pal.</u>	
City <u>Dayton OH 45410</u>		State <u>OH</u>		Zip Code <u>45410</u>		M <u>0</u>		D <u>9</u>	
						Y <u>0</u>		Amount <u>25.-</u>	
Full Name of Contributor <u>Mark Morris</u>						Registration Number, if PAC			
Street Address <u>4602 Kingview Ave</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Pay Pal</u>	
City <u>Dayton</u>		State <u>OH</u>		Zip Code <u>45420</u>		M <u>0</u>		D <u>9</u>	
						Y <u>0</u>		Amount <u>30.-</u>	
Full Name of Contributor <u>R. E. Browning</u>						Registration Number, if PAC			
Street Address <u>79 E. Franklin St.</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Pay Pal</u>	
City <u>Bellbrook</u>		State <u>OH</u>		Zip Code <u>45305</u>		M <u>0</u>		D <u>9</u>	
						Y <u>0</u>		Amount <u>100.-</u>	

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Lertz</i>							
Full Name of Contributor <i>John Johns</i>						Registration Number, if PAC	
Street Address <i>1029 Holly Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45410</i>	M <i>0</i>	D <i>9</i>	Y <i>2109</i>
Full Name of Contributor <i>R.E. Browning</i>						Registration Number, if PAC	
Street Address <i>79 E. Franklin St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Bellbrook</i>			State <i>OH</i>	Zip Code <i>45305</i>	M <i>0</i>	D <i>9</i>	Y <i>2809</i>
Full Name of Contributor <i>Nancy Brooks</i>						Registration Number, if PAC	
Street Address <i>515 Bowen St</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45410</i>	M <i>1</i>	D <i>0</i>	Y <i>0809</i>
Full Name of Contributor <i>Bill Wells</i>						Registration Number, if PAC	
Street Address <i>2486 Christalee Dr</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Beavercreek</i>			State <i>OH</i>	Zip Code <i>45434</i>	M <i>1</i>	D <i>0</i>	Y <i>0809</i>
Full Name of Contributor <i>Contributions from form NO 31-E</i>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City			State	Zip Code	M <i>0</i>	D <i>4</i>	Y <i>2509</i>
Full Name of Contributor <i>Contributions from form No 31-E</i>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City			State	Zip Code	M <i>0</i>	D <i>4</i>	Y <i>2009</i>
Full Name of Contributor <i>Contributions from form No 31-E</i>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City			State	Zip Code	M <i>0</i>	D <i>6</i>	Y <i>1709</i>
Full Name of Contributor <i>Nathan Bush</i>						Registration Number, if PAC	
Street Address <i>1733 King Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Pay Pal</i>	
City <i>Dayton</i>			State <i>OH</i>	Zip Code <i>45420</i>	M <i>1</i>	D <i>0</i>	Y <i>2109</i>

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Gary Leitzell									
Full Name of Contributor R. E. Browning						Registration Number, if PAC			
Street Address 79 E. Franklin			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal.			
City Bellbrook			State OH		Zip Code 45305		M D Y 1 0 21 03		Amount 200.-
Full Name of Contributor Contribution from form No 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH			
City			State		Zip Code		M D Y 09 11 09		Amount 20.-
Full Name of Contributor Contribution from form No 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH			
City			State		Zip Code		M D Y 09 08 09		Amount 65.-
Full Name of Contributor Contribution from form No 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH			
City			State		Zip Code		M D Y 09 22 09		Amount 120.-
Full Name of Contributor Contribution from form No 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH			
City			State		Zip Code		M D Y 09 24 09		Amount 46.-
Full Name of Contributor Contribution from form No 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH			
City			State		Zip Code		M D Y 10 06 09		Amount 110.-
Full Name of Contributor Contribution from form No 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH			
City			State		Zip Code		M D Y 10 13 09		Amount 343.86
Full Name of Contributor Contribution from form No 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH			
City			State		Zip Code		M D Y 10 20 09		Amount 62.-

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Page Total \$

966.86
~~890~~

10/20/09

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Lertzell</i>				
Full Name of Contributor <i>Shircen Hebert</i>			Registration Number, if PAC	
Street Address <i>1239 Highland Ave</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45410</i>	M D Y <i>10 12 09</i>	Amount <i>125 -</i>
Full Name of Contributor <i>Robert Snider</i>			Registration Number, if PAC	
Street Address <i>1220 Demphle Ave</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45410</i>	M D Y <i>10 13 09</i>	Amount <i>100. -</i>
Full Name of Contributor <i>Gerald Hauer</i>			Registration Number, if PAC	
Street Address <i>1235 stockton Ave</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Kettering</i>	State <i>OH</i>	Zip Code <i>45409</i>	M D Y <i>10 14 09</i>	Amount <i>500. -</i>
Full Name of Contributor <i>Judy West</i>			Registration Number, if PAC	
Street Address <i>3823 E. 5th St.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45403</i>	M D Y <i>10 16 09</i>	Amount <i>34. -</i>
Full Name of Contributor <i>Lodie Farnas</i>			Registration Number, if PAC	
Street Address <i>735 Hoffman</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45409</i>	M D Y <i>10 16 09</i>	Amount <i>45. -</i>
Full Name of Contributor <i>MONTGOMERY COUNTY REPUBLICAN PARTY</i>			Registration Number, if PAC	
Street Address <i>369 W. First St</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City <i>DAYTON, OH 45402</i>	State	Zip Code	M D Y	Amount <i>0</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount

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Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full <i>Friends of Gary Litzell</i>									
To Whom Paid <i>Desserts by Ann</i>						M <i>06</i>	D <i>17</i>	Y <i>09</i>	Amount <i>50.00</i>
Address <i></i>				Purpose <i>Pies fundraiser</i>					
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i></i>		Check Number <i>1031</i>			
To Whom Paid <i>Mehaffies Pies</i>						M <i>06</i>	D <i>17</i>	Y <i>09</i>	Amount <i>47.50</i>
Address <i>3013 Linden Ave</i>				Purpose <i>Pies fundraiser</i>					
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45410</i>		Check Number <i>1032</i>			
To Whom Paid <i>christophers Restaurant</i>						M <i>06</i>	D <i>17</i>	Y <i>09</i>	Amount <i>25.00</i>
Address <i>2318 E. Dorothy Lane</i>				Purpose <i>Pies fundraiser</i>					
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45429</i>		Check Number <i>1033</i>			
To Whom Paid <i>Logos @ Work</i>						M <i>05</i>	D <i>15</i>	Y <i>09</i>	Amount <i>82.00</i>
Address <i>2874 S. Dixie Dr</i>				Purpose <i>shirts</i>					
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45409</i>		Check Number <i>1001</i>			
To Whom Paid <i>Gary Litzell</i>						M <i>09</i>	D <i>01</i>	Y <i>09</i>	Amount <i>100.00</i>
Address <i>114 Volkenland Ave</i>				Purpose <i>Professional Development from Don Edwards</i>					
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45410</i>		Check Number <i>1002</i>			
To Whom Paid <i>William Pace Company</i>						M <i>09</i>	D <i>15</i>	Y <i>09</i>	Amount <i>166.50</i>
Address <i>1325 Salem Ave</i>				Purpose <i>fundraising</i>					
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45406</i>		Check Number <i>1003</i>			
To Whom Paid <i>William Pace Company</i>						M <i>09</i>	D <i>22</i>	Y <i>09</i>	Amount <i>201.14</i>
Address <i>1325 Salem Ave</i>				Purpose <i>fund raising</i>					
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45406</i>		Check Number <i>1004</i>			
To Whom Paid <i>William Pace Company</i>						M <i>09</i>	D <i>23</i>	Y <i>09</i>	Amount <i>968.10</i>
Address <i>1325 Salem Ave</i>				Purpose <i>Radio Advertising</i>					
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45406</i>		Check Number <i>1006</i>			

Page Total *1590.14*

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full <i>Friends of Gary Leitzel</i>										
To Whom Paid <i>William Pace Company</i>							M	D	Y	Amount <i>1409⁸⁴/₁₀₀</i>
Address <i>1325 Salem Ave</i>				Purpose <i>Advertising & fundraising</i>						
City <i>Dayton</i>				State <i>OH</i>	Zip Code <i>45406</i>		Check Number <i>1007</i>			
To Whom Paid <i>K.M. Productions</i>							M	D	Y	Amount <i>493⁶⁹/₁₀₀</i>
Address <i>2360 Vally St.</i>				Purpose <i>postcards</i>						
City <i>Dayton</i>				State <i>OH</i>	Zip Code <i>45404</i>		Check Number <i>1008</i>			
To Whom Paid <i>William Pace Company</i>							M	D	Y	Amount <i>60¹⁵/₁₀₀</i>
Address <i>1325 Salem Ave</i>				Purpose <i>fundraising</i>						
City <i>Dayton</i>				State <i>OH</i>	Zip Code <i>45406</i>		Check Number <i>1009</i>			
To Whom Paid <i>William Pace Company</i>							M	D	Y	Amount <i>1575⁰⁰/₁₀₀</i>
Address <i>1325 Salem Ave</i>				Purpose <i>Advertising</i>						
City <i>Dayton</i>				State <i>OH</i>	Zip Code <i>45406</i>		Check Number <i>1010</i>			
To Whom Paid <i>William Pace Company</i>							M	D	Y	Amount <i>61⁶⁹/₁₀₀</i>
Address <i>1325 Salem Ave</i>				Purpose <i>Fundraising</i>						
City <i>Dayton</i>				State <i>OH</i>	Zip Code <i>45406</i>		Check Number <i>1011</i>			
To Whom Paid <i>Double Tree Hotel</i>							M	D	Y	Amount <i>250⁰⁰/₁₀₀</i>
Address				Purpose <i>Meeting Room Election Night</i>						
City <i>Dayton</i>				State <i>OH</i>	Zip Code <i>45402</i>		Check Number <i>1012</i>			
To Whom Paid <i>William Pace Company</i>							M	D	Y	Amount <i>297³⁴/₁₀₀</i>
Address <i>1325 Salem Ave</i>				Purpose <i>Fundraising</i>						
City <i>Dayton</i>				State <i>OH</i>	Zip Code <i>45406</i>		Check Number <i>1013</i>			
To Whom Paid <i>DomainDiscover</i>							M	D	Y	Amount <i>21.96</i>
Address <i>PO Box 502010</i>				Purpose <i>Domain Registration</i>						
City <i>San Diego</i>				State <i>CA</i>	Zip Code <i>92150</i>		Check Number <i>debit</i>			

Page Total *4169.67*

Statement of Expenditures

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Name of Committee in Full <i>Friends of Gary Leitzell</i>							
To Whom Paid <i>Facebook</i>				M	D	Y	Amount <i>19.01</i>
Address <i>phone 650-543-7818</i>		Purpose <i>Facebook Advertising</i>		Check Number <i>debit</i>			
City <i>CA</i>		State <i>OH</i>		Zip Code <i>45402</i>			
To Whom Paid <i>Kendall Printing</i>				M	D	Y	Amount <i>598.21</i>
Address <i>122 Van Buren St.</i>		Purpose <i>business cards</i>		Check Number <i>debit</i>			
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45402</i>			
To Whom Paid <i>Northridge Sports Shop</i>				M	D	Y	Amount <i>170.-</i>
Address <i>4618 North Dixie Dr</i>		Purpose <i>shirts</i>		Check Number <i>debit</i>			
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45414</i>			
To Whom Paid <i>Staples</i>				M	D	Y	Amount <i>16.27</i>
Address <i>6254 Wilmington Pike</i>		Purpose <i>Paper & envelopes</i>		Check Number <i>debit</i>			
City <i>Centerville</i>		State <i>OH</i>		Zip Code <i>45414</i>			
To Whom Paid <i>Northridge Sports Shop</i>				M	D	Y	Amount <i>749.-</i>
Address <i>4618 North Dixie Dr</i>		Purpose <i>signs</i>		Check Number <i>debit</i>			
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45414</i>			
To Whom Paid <i>Meijer</i>				M	D	Y	Amount <i>44.37</i>
Address <i>4075 Wilmington Pike</i>		Purpose <i>printer cartridges/ink & markers</i>		Check Number <i>debit</i>			
City <i>Kettering</i>		State <i>OH</i>		Zip Code <i>45401</i>			
To Whom Paid <i>USPS (Post Office)</i>				M	D	Y	Amount <i>88.-</i>
Address <i>5th Street</i>		Purpose <i>stamps</i>		Check Number <i>debit</i>			
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45401</i>			
To Whom Paid <i>Kendall Printing</i>				M	D	Y	Amount <i>118.95</i>
Address <i>122 Van Buren St.</i>		Purpose <i>Printing</i>		Check Number <i>debit</i>			
City <i>Dayton</i>		State <i>OH</i>		Zip Code <i>45402</i>			

Page Total *1803.81*

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full <i>Friends of Gary Lettzel</i>					
To Whom Paid <i>Facebook</i>		M	D	Y	Amount
		0	8	1304	21. —
Address <i>phone 650-543-7818</i>		Purpose <i>Facebook Advertising</i>			
City	State <i>CA</i>	Zip Code	Check Number <i>debit</i>		
To Whom Paid <i>Facebook</i>		M	D	Y	Amount
		0	8	2009	21. —
Address <i>phone 650-543-7818</i>		Purpose <i>Facebook Advertising</i>			
City	State <i>OH</i>	Zip Code	Check Number <i>debit</i>		
To Whom Paid <i>USPS (Post Office)</i>		M	D	Y	Amount
		0	8	2409	88.88
Address <i>5th St.</i>		Purpose <i>stamps</i>			
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45401</i>	Check Number <i>debit</i>		
To Whom Paid <i>Facebook</i>		M	D	Y	Amount
		0	8	2709	21. —
Address <i>phone 650-543-7818</i>		Purpose <i>Facebook Advertising</i>			
City	State <i>OH</i>	Zip Code	Check Number <i>debit</i>		
To Whom Paid <i>Northridge Sports Shop</i>		M	D	Y	Amount
		0	8	3109	700. —
Address <i>4618 North Dixie Dr.</i>		Purpose <i>signs</i>			
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45414</i>	Check Number <i>debit</i>		
To Whom Paid <i>Northridge Sports Shop</i>		M	D	Y	Amount
		0	8	3109	49. —
Address <i>4618 North Dixie Dr.</i>		Purpose <i>signs</i>			
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45414</i>	Check Number <i>debit</i>		
To Whom Paid <i>Northridge Sports shop</i>		M	D	Y	Amount
		0	9	2509	1602. $\frac{86}{100}$
Address <i>4618 North Dixie Dr</i>		Purpose <i>signs & shirts</i>			
City <i>Dayton</i>	State <i>OH</i>	Zip Code <i>45414</i>	Check Number <i>debit</i>		
To Whom Paid <i>Facebook</i>		M	D	Y	Amount
		0	9	3009	21. —
Address <i>phone 650-543-7818</i>		Purpose <i>Facebook Advertising</i>			
City	State <i>CA</i>	Zip Code	Check Number <i>debit</i>		

Page Total 2524.74

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 5

Name of Committee in Full <i>Friends of Gary Lertzell</i>									
To Whom Paid <i>Domain Discover</i>						M	D	Y	Amount
Address <i>P.O. Box 502010</i>						1	0	0	10.98
City <i>San Diego</i>									
Purpose <i>domain and web services</i>									
State <i>CA</i>									
Zip Code <i>92150</i>									
Check Number <i>debit</i>									
To Whom Paid <i>Facebook</i>						M	D	Y	Amount
Address <i>phone 650-543-7818</i>						1	0	0	21.00
City <i>San Diego</i>									
Purpose <i>Facebook Advertising</i>									
State <i>CA</i>									
Zip Code									
Check Number <i>debit</i>									
To Whom Paid <i>Facebook</i>						M	D	Y	Amount
Address <i>phone 650-543-7818</i>						1	0	1	21.00
City <i>San Diego</i>									
Purpose <i>Facebook Advertising</i>									
State <i>CA</i>									
Zip Code									
Check Number <i>debit</i>									
To Whom Paid <i>Paypal</i>						M	D	Y	Amount
Address						1	0	0	67.26
City									
Purpose <i>fees (deducted from donation) (05 April thru 08 Oct total)</i>									
State <i>OH</i>									
Zip Code									
Check Number <i>deducted from donation</i>									
To Whom Paid <i>Facebook</i>						M	D	Y	Amount
Address <i>phone 650-543-7818</i>						0	9	0	21.00
City <i>San Diego</i>									
Purpose <i>Facebook Advertising</i>									
State <i>CA</i>									
Zip Code <i>92150</i>									
Check Number <i>debit</i>									
To Whom Paid <i>Northridge Sports Shop</i>						M	D	Y	Amount
Address <i>4618 North Dixie Dr.</i>						0	9	0	749.00
City <i>Dayton</i>									
Purpose <i>Signs</i>									
State <i>OH</i>									
Zip Code <i>45414</i>									
Check Number <i>debit</i>									
To Whom Paid <i>Facebook</i>						M	D	Y	Amount
Address <i>phone 650-543-7818</i>						0	9	0	21.00
City <i>San Diego</i>									
Purpose <i>Facebook Advertising</i>									
State <i>CA</i>									
Zip Code									
Check Number <i>debit</i>									
To Whom Paid <i>Facebook</i>						M	D	Y	Amount
Address <i>phone 650-543-7818</i>						0	9	1	21.00
City <i>San Diego</i>									
Purpose <i>Facebook Advertising</i>									
State <i>CA</i>									
Zip Code									
Check Number <i>debit</i>									

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 6

Name of Committee in Full <i>Friends of Gary Leitzell</i>									
To Whom Paid <i>Facebook</i>						M	D	Y	Amount <i>21.00</i>
Address <i>phone 650-543-7818</i>			Purpose <i>Facebook Advertising</i>						
City <i>CA</i>			State <i>CA</i>		Zip Code	Check Number <i>debit</i>			
To Whom Paid <i>Northridge Sports Shop</i>						M	D	Y	Amount <i>1602.86</i>
Address <i>4618 North Dixie Dr</i>			Purpose <i>Signs</i>						
City <i>Dayton</i>			State <i>OH</i>		Zip Code <i>45414</i>	Check Number <i>debit</i>			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <i>OH</i>		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <i>OH</i>		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <i>OH</i>		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <i>OH</i>		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <i>OH</i>		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <i>OH</i>		Zip Code	Check Number			

Page Total *21.00*
1623.86

11641.60

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Leitzell</i>			
Full Name of Contributor <i>Contributors of over \$25 or less</i>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y 0 4 25 09	Amount <i>425-</i>
City	State Zip Code	Form (Cash, Check, etc.) <i>CASH</i>	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	

* 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

<i>425</i>	<i>-</i>
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Total expenditures this event

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Page Total \$ *425-*

Event Date 4/20/09

Page 1

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Letzels</i>			
Full Name of Contributor <i>contributions of \$25 or less</i>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y 0 4 20 0 9	Amount 640.-
City	State Zip Code	Form (Cash, Check, etc.) cash	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	

* 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

640	-
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Total expenditures this event.

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Page Total \$

640-

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Friends of Gary Litzell</u>			
Full Name of Contributor <u>Contributors of \$25 or less</u>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y <u>06 17 09</u>	Amount <u>496 -</u>
City	State Zip Code	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor <u>Jackie Welden</u>		Registration Number, if PAC	
Street Address <u>2106 Wayne Ave</u>	Employer/Occupation/Labor Organization*	M D Y <u>06 17 09</u>	Amount <u>50 -</u>
City <u>Dayton</u>	State <u>OH</u> Zip Code <u>45410</u>	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	

* 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

496 -

Total expenditures this event.

Page Total \$ 496

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

Prescribed by Secretary of State 03/05

Event Date 9-22-09
Page 1

page
event

Name of Committee in Full <u>Friends of Gary Leitzell</u>				
Full Name of Contributor <u>Contributors of \$25 or less</u>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y <u>09 22 09</u>	Amount <u>70</u>
City	State	Zip Code	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor <u>Jackie Toussaint</u>			Registration Number, if PAC	
Street Address <u>914 W. GRAND</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 22 09</u>	Amount <u>50</u>
City <u>DAYTON, OH 45402</u>	State	Zip Code	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

* 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

<u>120</u>	<u>-</u>
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Total expenditures this event

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Page Total \$

120 -

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Polan Friends of Gary Leitzell			
Full Name of Contributor Contributors of \$25 or less		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y 09 29 09	Amount 46. —
City	State Zip Code	Form (Cash, Check, etc.) CASH	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	

* 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

46	—
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Total expenditures this event.

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Page Total \$

46—

Event Date 9-11-09

Page 1

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Iertzell</i>				
Full Name of Contributor <i>Contributors of \$25 or less</i>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y <i>09 11 09</i>	Amount <i>20.-</i>
City	State	Zip Code	Form (Cash, Check, etc.) <i>CASH</i>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

* 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

<i>20</i>	<i>-</i>
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Total expenditures this event

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Page Total \$

20.-

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Leitzell</i>			
Full Name of Contributor <i>Contributors of less \$25 or less</i>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y <i>09 08 09</i>	Amount <i>65.-</i>
City	State Zip Code	Form (Cash, Check, etc.) <i>CASH</i>	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	

* 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

<i>65</i>	<i>-</i>
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Total expenditures this event.

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Page Total \$

65-

DOLCESSA II

Event Date *10-07-09*

Page *1*

PH 2
2/2/8

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Gary Litzell</i>						
Full Name of Contributor <i>Contributors of \$25 or less</i>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<i>10</i>	<i>13</i>	<i>09</i>	<i>223.86</i>
City	State	Zip Code	Form (Cash, Check, etc.)			
			<i>CASH</i>			
Full Name of Contributor <i>David McDonald</i>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<i>3706 Ridgeway RD</i>			<i>10</i>	<i>13</i>	<i>09</i>	<i>40.-</i>
City	State	Zip Code	Form (Cash, Check, etc.)			
<i>Dayton</i>	<i>OH</i>	<i>45419</i>	<i>CASH</i>			
Full Name of Contributor <i>Brian Young</i>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			<i>10</i>	<i>13</i>	<i>09</i>	<i>30.-</i>
City	State	Zip Code	Form (Cash, Check, etc.)			
			<i>CASH</i>			
Full Name of Contributor <i>Ron Browning</i>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<i>79 E. Franklin</i>			<i>10</i>	<i>13</i>	<i>09</i>	<i>50.-</i>
City	State	Zip Code	Form (Cash, Check, etc.)			
<i>Bellbrook</i>	<i>OH</i>	<i>45305</i>	<i>CASH</i>			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			

* 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

Total expenditures this event

<i>343</i>	<i>86</i>
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Page Total \$ <i>343.86</i>

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

Prescribed by Secretary of State 03/05

Event Date 10-2-09

Page 1

page
event

Name of Committee in Full <u>Friends of Gary Litzell</u>			
Full Name of Contributor <u>Contributors of \$25 or less</u>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y <u>10 06 09</u>	Amount <u>60 -</u>
City	State Zip Code	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor <u>James Tagliatti</u>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y <u>10 06 09</u>	Amount <u>50 -</u>
City	State Zip Code	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	

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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

<u>110</u>	<u>-</u>
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Total expenditures this event.

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Page Total \$

110 -

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

Prescribed by Secretary of State 03/05

Event Date 10-20-09
Page 1

Name of Committee in Full <i>Friends of Gary Iertzell</i>			
Full Name of Contributor <i>Contributors of B25 or less</i>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y <i>10 20 09</i>	Amount <i>22,-</i>
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor <i>James Taglietti</i>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y <i>10 20 09</i>	Amount <i>40,-</i>
City	State Zip Code	Form (Cash, Check, etc.) <i>CASH</i>	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form (Cash, Check, etc.)	

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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

<i>62</i>	<i>-</i>
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Total expenditures this event.

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Page Total \$

62,-

7326.86

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Friends of Gary Leitzell			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Gary Leitzell			
Street Address	Description of Item or Service	M	D
114 Volkenard Ave	Domain/website setup	0	2
City	State	Y	Fair Market Value
Dayton	6 H	09	29.94
	Zip Code	Received at Fundraising Event?	
	45410	☐ YES ☒ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Gene E			
Street Address	Description of Item or Service	M	D
	Gene D.J. services	1	0
City	State	7	Fair Market Value
Dayton	0 H	09	150.00
	Zip Code	Received at Fundraising Event?	
	45410	☒ YES ☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
David McDonald			
Street Address	Description of Item or Service	M	D
42300000 3706 Ridgeway Rd	Posters @ Fedex/Kindo	0	8
City	State	12	Fair Market Value
Dayton	0 H	09	103.77
	Zip Code	Received at Fundraising Event?	
	45419	☐ YES ☒ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Allen Rinzler (Managing Partner for Talbot Tower)			
Street Address	Description of Item or Service	M	D
1230 Talbot Tower	3 months use of satellite/offices	1	0
City	State	8	Fair Market Value
Dayton	0 H	09	2342.50
	Zip Code	Received at Fundraising Event?	
	45402	☐ YES ☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
David McDonald			
Street Address	Description of Item or Service	M	D
3706 Ridgeway Rd	wine	0	9
City	State	3	Fair Market Value
Dayton	0 H	09	63.25
	Zip Code	Received at Fundraising Event?	
	45419	☒ YES ☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
David McDonald			
Street Address	Description of Item or Service	M	D
3706 Ridgeway Rd.	food & printing	0	9
City	State	1	Fair Market Value
Dayton	0 H	09	195.67
	Zip Code	Received at Fundraising Event?	
	45419	☒ YES ☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
David McDonald			
Street Address	Description of Item or Service	M	D
3706 Ridgeway Rd.	Rental of building for event	0	9
City	State	3	Fair Market Value
Dayton	0 H	09	400.00
	Zip Code	Received at Fundraising Event?	
	45419	☒ YES ☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Gary Leitzell			
Street Address	Description of Item or Service	M	D
114 Volkenard Ave	website & domain name	1	0
City	State	1	Fair Market Value
Dayton	0 H	09	16.77
	Zip Code	Received at Fundraising Event?	
	45410	☐ YES ☒ NO	

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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Friends of Gary Leitzell				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Joe Ellis				
Street Address		Description of Item or Service		M D Y Fair Market Value
2201 Kerstner Rd		Pancakes & syrup		0 4 2 0 0 9 580.00
City		State Zip Code		Received at Fundraising Event?
Dayton		OH 45414		☒ YES ☐ NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Gary Leitzell				
Street Address		Description of Item or Service		M D Y Fair Market Value
114 Volkenard Ave		Pancakes & syrup		0 4 2 5 0 9 120.00
City		State Zip Code		Received at Fundraising Event?
Dayton		OH 45410		☒ YES ☐ NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State Zip Code		Received at Fundraising Event?
				☐ YES ☐ NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State Zip Code		Received at Fundraising Event?
				☐ YES ☐ NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State Zip Code		Received at Fundraising Event?
				☐ YES ☐ NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State Zip Code		Received at Fundraising Event?
				☐ YES ☐ NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State Zip Code		Received at Fundraising Event?
				☐ YES ☐ NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State Zip Code		Received at Fundraising Event?
				☐ YES ☐ NO

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