

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Leeseberg							
Full Name of Contributor Laurie Jadwin				Registration Number, if PAC			
Street Address 1222 Pond Hollow Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	50.00
City New Albany		State O H	Zip Code 43054	Form(Cash,Check,etc) Check			
Full Name of Contributor Barb Spence				Registration Number, if PAC			
Street Address P.O. Box 307181		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	100.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Becky Cavener				Registration Number, if PAC			
Street Address 3657 Ridenour Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	100.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor James Watkins				Registration Number, if PAC			
Street Address 83 Shull Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	100.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Cash			
Full Name of Contributor John Hicks				Registration Number, if PAC			
Street Address 381 Helmbright Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	100.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Kristin Rosan				Registration Number, if PAC			
Street Address 192 Farmwood Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	100.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Shane Ewald				Registration Number, if PAC			
Street Address 126 Walnut St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	100.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check			

* 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 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

1,325.00

Total expenditures this event

0.00

Page Total \$ 650.00