Event Date	11/17/16
Page	5

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

		retary of Blate 5705			
Name of Committee in Full			· · · · · · · · · · · · · · · · · · ·		
Citizens for Leeseberg					
Full Name of Contributor	lame of Contributor			Registration Number, if PAC	
Laurie Jadwin					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
1222 Pond Hollow Lane			1 1 1 8 1 6	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
New Albany	О Н	43054	Check		
Full Name of Contributor			Registration Number, if PAC		
Barb Spence					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	****	
P.O. Box 307181			1 1 1 8 1 6	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Gahanna	ОН	43230	Check		
Full Name of Contributor	1 (7		Registration Number, if PAC		
Becky Cavener					
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			
3657 Ridenour Rd	' ' '	Employer/occupation Euror Organization		100.00	
City	State	Zip Code	1 1 1 8 1 6 Form(Cash,Check,etc)	100.00	
Gahanna	$O \mid H$	43230	Check		
Full Name of Contributor	1 () 11	10200	Registration Number, if PAC		
James Watkins					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
83 Shull Ave	Employer/Occupation Euror Organization		1 1 1 8 1 6	100.00	
City	State	Zip Code	Form(Cash,Check,etc)	100.00	
Gahanna	OH	43230	Cash		
Full Name of Contributor	1 () 11	43230	Registration Number, if PAC		
John Hicks			registration (value), if the		
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			
381 Helmbright Dr	Employen occup	mon Lubor Organization	M D Y Amount 1 1 1 8 1 6	100.00	
City	State	Zip Code	1 1 1 8 1 6 Form(Cash,Check,etc)	100.00	
•	OH	43230	Check		
Gahanna Full Name of Contributor	() 11	43230	Registration Number, if PAC		
			Registration Number, if PAC		
Kristin Rosan Street Address	[F /O	dia / I alaa Oaaa iadaa *	M I D I V I I I I I I I I I I I I I I I I		
	Employer/Occupation/Labor Organization*		M D Y Amount	100.00	
192 Farmwood Place		In: o i	1 1 1 8 1 6	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Gahanna	ОН	43230	Check		
Full Name of Contributor			Registration Number, if PAC		
Shane Ewald			M D Y Amount		
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			
126 Walnut St			1 1 1 8 1 6	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Gahanna	OH	43230	Check		

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	
		Page Total \$650.00_
1.325.00	0.00	

^{*} 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 appear. [R.C. 3517.10(B)(4)]