

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 Elizabeth Burba				Registration Number, if PAC			
Street Address 384 Dunbarton Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	50.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check			
Full Name of Contributor Eric Miller				Registration Number, if PAC			
Street Address 588 Wickham Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	50.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check			
Full Name of Contributor Greg Bachman				Registration Number, if PAC			
Street Address 12281 Mallard Pond Ct NW		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	50.00
City Pickerington	State O H	Zip Code 43147		Form(Cash,Check,etc) Check			
Full Name of Contributor Ken Shepherd				Registration Number, if PAC			
Street Address 670 Rose Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	50.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check			
Full Name of Contributor Lauren Dolan				Registration Number, if PAC			
Street Address 1720 Riverhill Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	50.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) Check			
Full Name of Contributor Tom Weber				Registration Number, if PAC			
Street Address 444 Tresham Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	75.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check			
Full Name of Contributor Lee Bailey				Registration Number, if PAC			
Street Address 647 Churchill Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 8 1 6	50.00
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 \$ 375.00