

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 Brandi Braun				Registration Number, if PAC			
Street Address 151 Mill Street Apt 201		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 100.00
City Gahanna		State O H	Zip Code 43205	Form(Cash, Check, etc) Check			
Full Name of Contributor Tom Shapaka				Registration Number, if PAC			
Street Address 590 havens Corners Rd		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 100.00
City Gahanna		State O H	Zip Code 43230	Form(Cash, Check, etc) Check			
Full Name of Contributor Thomas Weber				Registration Number, if PAC			
Street Address 146 Granville Street		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 75.00
City Gahanna		State O H	Zip Code 43230	Form(Cash, Check, etc) Check			
Full Name of Contributor Elia Hughes				Registration Number, if PAC			
Street Address 5836 Ridgewood Ave		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 150.00
City Westerville		State O H	Zip Code 43082	Form(Cash, Check, etc) Check			
Full Name of Contributor Douglas Maddy				Registration Number, if PAC			
Street Address 6300 Clark State Road		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 150.00
City Columbus		State O H	Zip Code 43230	Form(Cash, Check, etc) Check			
Full Name of Contributor Jay & Laurie Jadwin				Registration Number, if PAC			
Street Address 122 Pond Hollow Lane		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 50.00
City New Albany		State O H	Zip Code 43054	Form(Cash, Check, etc) Check			
Full Name of Contributor Shane Ewald				Registration Number, if PAC			
Street Address 1323 Lindenwald Drive		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 100.00
City New Albany		State O H	Zip Code 43054	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

1,300.00

Total expenditures this event

537.25

Page Total \$ **725.00**