

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Leeseberg</b>							
Full Name of Contributor <b>Mark Thomas</b>				Registration Number, if PAC			
Street Address <b>1308 Totten Dr</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>1</b>	<b>18</b>	<b>100.00</b>
City <b>New Albany</b>		State <b>O H</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Tom Kneeland</b>				Registration Number, if PAC			
Street Address <b>123 Serran Dr</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>1</b>	<b>18</b>	<b>100.00</b>
City <b>Gahanna</b>		State <b>O H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Tom Shapaka</b>				Registration Number, if PAC			
Street Address <b>590 Havens Corner</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>1</b>	<b>1</b>	<b>18</b>	<b>100.00</b>
City <b>Gahanna</b>		State <b>O H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>			
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 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 \$ 300.00