

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 Thomas Banks				Registration Number, if PAC	
Street Address 1210 Whispering Meadows	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City New Albany	State O	Zip Code 43054	Form(Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor Mularski Bonham Dittmer & Phillips LLC, Ray Mularski 100%				Registration Number, if PAC	
Street Address 107 W Johnston Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Gahanna	State O	Zip Code 43230	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Daniel Heinmiller				Registration Number, if PAC	
Street Address 7923 Cole Park N	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City New Albany	State O	Zip Code 43054	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Mark Thomas				Registration Number, if PAC	
Street Address 1308 Totten Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City New Albany	State O	Zip Code 43054	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Barb Spence				Registration Number, if PAC	
Street Address 1188 Sanctuary Place	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Gahanna	State O	Zip Code 43230	Form(Cash, Check, etc) Check		Amount 200.00
Full Name of Contributor Tom Kneeland				Registration Number, if PAC	
Street Address 123 Serran Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Gahanna	State O	Zip Code 43230	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Pamela Siekman				Registration Number, if PAC	
Street Address 4597 Neiswander Square	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City New Albany	State O	Zip Code 43054	Form(Cash, Check, etc) Check		Amount 100.00

* 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)]

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
1,525.00

Total expenditures this event
0.00

Page Total \$ **1,100.00**