

## 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>Elizabeth Burba</b>				Registration Number, if PAC			
Street Address <b>384 Dunbarton Road</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	25.00
City <b>Gahanna</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Eric Miller</b>				Registration Number, if PAC			
Street Address <b>588 Wickham Way</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City <b>Gahanna</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Josh &amp; Alice Bailey</b>				Registration Number, if PAC			
Street Address <b>Pimlico</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City <b>Gahanna</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Doug Maddy</b>				Registration Number, if PAC			
Street Address <b>6300 Clark State Road</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	100.00
City <b>Gahanna</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Michael &amp; Jodelle Carder</b>				Registration Number, if PAC			
Street Address <b>1312 Windtree Court</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	100.00
City <b>New Albany</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43054</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Taylor Maddy</b>				Registration Number, if PAC			
Street Address <b>6300 Clark State Road</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	100.00
City <b>Gahanna</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Chad Downing</b>				Registration Number, if PAC			
Street Address <b>679 Rose Way</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City <b>Gahanna</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Check</b>			

\* 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  

195.23

Page Total \$ 475.00