

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 John Acklin/Kristina Boyton Acklin				Registration Number, if PAC		
Street Address 765 Tim Tam	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1	Amount 50.00
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Josh & Alice Bailey				Registration Number, if PAC		
Street Address 825 Pimlico	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1	Amount 100.00
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Ron Gajoch/Michelle Trueman Gajoch				Registration Number, if PAC		
Street Address 3101 Carriage Lane	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Mona Studer				Registration Number, if PAC		
Street Address 6822 Metuchen Place	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1	Amount 25.00
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Jeremy Van Horne/Kathryn Blodgett				Registration Number, if PAC		
Street Address 4225 Spice Market North	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor James Watkins				Registration Number, if PAC		
Street Address 83 Shull Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1	Amount 100.00
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Cash			
Full Name of Contributor Donald Stoffer				Registration Number, if PAC		
Street Address 1136 Beechview Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1	Amount 50.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Cash			

* 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 \$ 475.00