10/14/17
14

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

	Prescribed by Se	cretary of State 3/05						
Name of Committee in Full			· · · · · · · · · · · · · · · · · · ·					
Citizens for Leeseberg								
Full Name of Contributor			Registrati	ion Num	ber, if PA	C		
Judith Cockrell								
Street Address	Employer Occup	Employer/Occupation/Labor Organization*			M D Y Amount			
6404 Sharon Woods Blvd					1 7		100.00	
City	State	Zip Code	Form(Cas					
Columbus	ОН	43229	_	Checl				
Full Name of Contributor			Registrat	tion Number, if PAC				
Quentin Holmes	In		<b></b>					
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			M D Y Amount 50.			
198 Barnhill Court					1 7		50.00	
City	State	Zip Code	Form(Cas					
Gahanna Full Name of Contributor	ОН	43230		Checl		C		
The state of the s			Registrati	Registration Number, if PAC				
Bryan Cuadill Street Address	r 1 0		М	D.	I v	A		
	Employer/Occup	vation/Labor Organization*	1 1		D Y Amount L   4   1   7   25.00		25.00	
807 Cherrywood Place	State	Zip Code	Form(Cas			23.00		
l ´	1	43230	1		,			
Gahanna Full Name of Contributor	ОН	43230		Cash	l ber, if PA	C		
Dennis Long			Registrati	ion auni	oei, ii r A	C		
Street Address	Employer Occur	pation/Labor Organization*	M D Y Amount					
12196 Snyder Church Road	Employer/Occup	atton Labor Organization	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$		$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 7$	Апоши	100.00	
City	State	Zip Code	Form(Cas				100.00	
Baltimore	ОТН	43105	1	Cash Registration Number, if PAC				
Full Name of Contributor	10:11	10100						
Craig Lee								
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
121 Magnolia Lane		_	110	1   4	1 7		50.00	
City	State	Zip Code		Form(Cash,Check,etc)  Cash				
Gahanna	ОГН	43230						
Full Name of Contributor	1		Registration Number, if PAC					
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
					!			
City	State	Zip Code	Form(Cas	sh,Check	(etc)			
		1						
Full Name of Contributor	·		Registration Number, if PAC					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount					
					1			
City	State	Zip Code	Form(Cas	sh,Check	(,etc)			

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 expenditures this event	Total contributions this event
Page Total \$ 325.00	0.00	1 425 00
	0.00	1.425.00

<sup>\*</sup> 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)]