Event Date	04/13/17
Page	9

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			Registra	ation Num	ber, if PA	C			
Kim Browne					,				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	100.00		
1094 Creswell Dr			$0 \mid 4$				100.00		
NI A II	State	Zip Code		ash Check					
New Albany Full Name of Contributor	ОН	43054		Checlation Num		C			
Lew Griffin			Registia	ation Num	iber, ir i A				
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount			
2737 Colts Neck Road	Employer/Occupation/Labor Organization		0 4		17		100.00		
City	State	State Zip Code		ash,Checl			100.00		
Blacklick	$O \mid H$	43004	,	Chec					
Full Name of Contributor	1 () 11	10 11 43004			Registration Number, if PAC				
Nancy Maddy									
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
164 Misty Oak Place			$0 \mid 4$	1 3	1 7	ļ	100.00		
City	State	Zip Code	Form(C	`ash,Checl	k.etc)				
Gahanna	ОН	43230		Chec:	<u>k</u>				
Full Name of Contributor			Registra	ation Num	ber, if PA	ı.C			
			M						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
		I =		1					
City	State	Zip Code	Form(Cash,Check,etc)						
Full Name of Contributor			Registration Number, if PAC						
ruii Name of Contributor			Registra	ation Num	iber, ii r A	iC .			
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
Jacet Address	Enquoyenoceup	Employer/Occupation/Labor Organization							
City	State	State Zip Code		Form(Cash,Check,etc)					
		'							
Full Name of Contributor			Registra	ation Num	ber, if PA	C.			
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Checl	k,etc)				
Full Name of Contributor			Registra	ation Nur	iber, if PA	vC.			
				.,					
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
		le a i							
City	State	Zip Code	Form(C	ash,Checl	k,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 contributions this event	Total expenditures this event	
		Page Total \$300.00
1.300.00	195.23	

^{*} 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)]