

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 Kim Browne			Registration Number, if PAC			
Street Address 1094 Creswell Dr	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount 100.00
City New Albany	State O	Zip Code H 43054	Form(Cash,Check,etc) Check			
Full Name of Contributor Lew Griffin			Registration Number, if PAC			
Street Address 2737 Colts Neck Road	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount 100.00
City Blacklick	State O	Zip Code H 43004	Form(Cash,Check,etc) Check			
Full Name of Contributor Nancy Maddy			Registration Number, if PAC			
Street Address 164 Misty Oak Place	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount 100.00
City Gahanna	State O	Zip Code H 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* 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 \$ **300.00**