Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Leeseberg						
Full Name of Contributor			Registration Number, if PAC			
Greg Lewis						
Street Address	Employer/Occupa	ntion/Labor Organization*		-	•	Form (Cash, Check, etc.)
625 City Park Ave						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43206	1 1	0 8	1 6	50.00
Full Name of Contributor Registration Number, if PA						
Donald Stoffer						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1136 Beechview Dr N					Check	
City	State	Zip Code	М	D	Y	Amount
Worthington	OH	43085	1 1	2 2	1 6	<i>7</i> 5.00
Full Name of Contributor		•	Registra	tion Num	ber, if PA	
Columbus Realty Investment LTD, 100% Lou Visco						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
250 Civic Center Drive, Ste 500					Check	
City	State	Zip Code	М	D	Y	Amount
Columbus	$O \mid H$	43215	1 1	2 5	1 6	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Joe Smiley						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
635 Brooksedge Blvd					Cash	
City	State	Zip Code	M	D	Y	Amount
Westerville	O H	43081	1 2	0 7	1 6	50. <u>00</u>
Full Name of Contributor Registration Number, if PAC						
Smith & Hale LLC, 100% Glen Dugger						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
37 West Broad St						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	O H	43215	1 2	0 7		50.00
Full Name of Contributor Registration Number, if PAC						
Cynthia Abdon						
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
144 N Gould	ļ <u>.</u>	Ia: a :	1	T ==	1	Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43209		0 9		150.00
full Name of Contributor Registration Number, if Pa						C
						In (0.1 dt 1 ·)
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
Cit.	State	7:- C-1-	Lv		Lv	A
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if PA						
Registration Number, it FAC						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
onec. Address	Employer/Occupation/Labor Organization**				i omi (Casii, Cileck, etc.)	
City	State	Zip Code	М	D	Y	Amount
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Page Total S 475.00

^{*} 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)]