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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Leeseberg			Ip	41 XI	L :CDA		
Benchmark Bank Interest 1/1/17-9/8/17			Registra	uion ivun	iber, if PA	ic.	
Address	Type*		М	D	Y	Amount	
461 Beecher Road					1 6	1	0.94
City	State	Zip Code		ash,Chec			0.71
Gahanna	$O \mid H$	43230	Interest				
Full Name	0 11	10200			ber, if PA	AC .	
Address	Type*		М	D	Y	Amount	
					1		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name	!		Registra	tion Nun	ber, if PA	AC .	
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
			-				
Full Name	·		Registra	ition Nun	ber, if PA	AC .	
			į				
Address	Type*		М	D	Y	Amount	
	(1		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name			Registra	ition Nun	ber, if PA	AC .	
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name			Registration Number, if PAC				
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Address	Type*		M	D	Y	Amount	
0'	}		D (0				
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name]		B ·	.' 1.1	1 :CD4		
ull Name			Registration Number, if PAC				
Address	Tuno*		М	D	Y	Amount	
Address	Type*		101		1	Amount	
City	State	Zip Code	Form(C	ash,Chec	l: ata)		
City	State	Zip Code	ronn(C.	asii, Cilec	K,etc)		
Full Name	1		Registra	ition Num	ber, if PA		
T			, egistic	on (Tell)	II 1 7		
Address	Type*		M	D	Y	Amount	
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City	State	Zip Code	Form(C	ash,Chec	L L. k,etc)		
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* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 0.94