Page	3
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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Leeseberg					1	.	
To Whom Paid			M	D	Y	Amount	
State of Ohio, Ethics Commission			0 5	0 1	1 7	35.00	
	Purpose	C:1:					
280 E. Broad Street	Ethics						
City	State		Check Number				
Columbus	$O \mid F$	I 43215		edit C		_	
To Whom Paid			М	D	Y	Amount	
Address	Purpose	Purpose					
City	State	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State						
City	State	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
Address	Purpose			_L	1		
City	State	Zip Code	Check Number				
T. MI. D.:				1 5	T 37		
To Whom Paid			М 	D	Y 	Amount	
Address	Purpose						
City	State	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
Address	Purpose			<u>i </u>			
						_	
City	State	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose	Purpose					
City	State	Zip Code	Check 1	Check Number			
		1	1				

Page Total \$ ____35.00_