

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Leeseberg												
From Whom Received James Leeseberg								Prior Amount 100.00		Amt. Incurred this Period 0.00		
Address 651 Rose Way										Outstanding Balance 0.00		
City Gahanna		State OH		Zip Code 43230		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0 6 2 5 1 3								0	0 2 2 1 1 4			100.00
Registration Number, if PAC								M		D	Y	
Employer/Occupation/Labor Organization* CESO/ Engineering Manager								M		D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC								M		D	Y	
Employer/Occupation/Labor Organization*								M		D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC								M		D	Y	
Employer/Occupation/Labor Organization*								M		D	Y	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 100.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 100.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 0.00 (To Form No. 30-A)