Page	1	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						-		
Citizens for Leeseberg								
Full Name of Contributor		_		Registra	tion Numl	ber, if PA	C	
Chad Downing-Point Plus Personnel								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, et	tc.)			
155 W. Johnstown	Point Plus Personnel/Owner				Check			
City	State		Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230		0 5			00.00
full Name of Contributor Registration Number, if PAC								
Cyndi Abdon	in						a' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, et	(c.)	
144 N. Gould	Kay		aw Group/Admin	,	l n	l v	Cash	
Columbus	O	Н	Zip Code 43209	м 1   0		1 3	Amount	35.00
Columbus Full Name of Contributor	<u> </u>	* * *	43207			ber, if PA		55.00
Oliver Damschroder				, cgisaa	.,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
Street Address	Employer/0	Occupat	tion/Labor Organization*				Form (Cash, Check, et	tc.)
5053 Killowen Ct	1 -		n Structurepoint/I	Desig	n Mai		Check	,
City	State		Zip Code	M	D	Y	Amount	
Columbus	0	Н	43230	110	0 8	1 3	2	20.00
Full Name of Contributor			·			ber, if PA	C	
Andrew Martin								
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
351 Linwood Ave	URS/Designer					Check		
City	State		Zip Code	М	D	Y	Amount	
Columbus		Н	43205	1 0	1 2		<u> </u>	50.00
Full Name of Contributor Registration Number, if PAC								
Street Address	Employed Occupation of the Company o							
SUCCI MULLOS	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
City	State		Zip Code	М	D	Y	Amount	
	1		- <b>,</b>	1	Ιī			
Full Name of Contributor	<u>'</u>			Registra	tion Numi	ber, if PA	<u> </u>	
Street Address	Employer/Occupation/Labor Organization* Form (		Form (Cash, Check, et	tc.)				
City	State	:	Zip Code	М	D	Y	Amount	
Full Name of Contributor				Registra	tion Numl	ber, if PAG	C	
	T		_					
reet Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)				ic.)				
	6		7' 0 1		l n			
City	State	,	Zip Code	М	Đ	Y	Amount	
Eull Name of Contributor	!			Pagistra	tion Numb	her if DAI	<u> </u>	
Full Name of Contributor Registration Number, if PAC								
Street Address	Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			c.)				
City	State	: [	Zip Code	М	D	Y	Amount	
	<u> </u>			<del></del>	<u> </u>			

Page Total \$	505.00

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)]