Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Citizens for Leeseberg				
To Whom Paid			M D Y	Amount
State of Ohio, Ethics Commission			0 5 1 6 1 9	35. <u>00</u>
Address	Purpose	• • • •		
280 E. Broad Street	Ethics f		Charles 1	1
City Columbus	State H	Zip Code 43215	Check Number Credit Card	
To Whom Paid	1 () 11	43213	M D Y	Amount
James Leeseberg			0 7 2 3 1 9	
Address	Purpose			
651 Rose Way	Repayn	Repayment of Loan		
City	State	Zip Code	Check Number	
Gahanna	$A \mid A \mid H$	43230	1008	
To Whom Paid			M D Y	Amount
James Leeseberg Address	Dumoss		0 9 1 9 1 9	1,000.00
651 Rose Way	Purpose Repayment of Loan			
City	State Zip Code Check Number			
Gahanna	O H		1009	
To Whom Paid	1 ()	10200	M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid		<u></u>	VIDIV	Amount
10 Whom Paid			M D Y	Amount
Address	Purpose			<u> </u>
	1			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
C'	Santa	7:- 0-1-	Charl Manchan	
City	State	Zip Code	Check Number	
To Whom Paid	1 1		M D Y	Amount
Address	Purpose			
1				
City	State	Zip Code	Check Number	
To Whom Paid M D Y Amount				
	In			<u> </u>
Address	Purpose			
City	State	Zip Code	Check Number	
City	l	Lip Cour	Check Pulliber	
		_ I		

Page Total \$ 1.642.68