

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Leeseberg									
To Whom Paid State of Ohio, Ethics Commission						M	D	Y	Amount
						0	5	1	6
Address 280 E. Broad Street						Purpose Ethics filing			
City Columbus						State O		Zip Code 43215	
Check Number Credit Card									
To Whom Paid James Leeseberg						M	D	Y	Amount
						0	7	2	3
Address 651 Rose Way						Purpose Repayment of Loan			
City Gahanna						State O		Zip Code 43230	
Check Number 1008									
To Whom Paid James Leeseberg						M	D	Y	Amount
						0	9	1	9
Address 651 Rose Way						Purpose Repayment of Loan			
City Gahanna						State O		Zip Code 43230	
Check Number 1009									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	