

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Leeseberg							
Full Name of Contributor Greg Bachman					Registration Number, if PAC		
Street Address 12281 Mallard Pond Ct NW		Employer/Occupation/Labor Organization* GeoStabilization Int'l/Sr Proj Dev Eng			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1 0	D 1 9	Y 1 3	Amount 50.00	
Full Name of Contributor Mike Carder					Registration Number, if PAC		
Street Address 1312 Windtree Ct		Employer/Occupation/Labor Organization* GGC/President			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 23 9	Y 1 3	Amount 100.00	
Full Name of Contributor Rob Thevenin					Registration Number, if PAC		
Street Address 1480 Doten Ave, Apt D		Employer/Occupation/Labor Organization* CESO/Designer			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43212	M 1 0	D 1 9	Y 1 3	Amount 20.00	
Full Name of Contributor Donald Stoffer					Registration Number, if PAC		
Street Address 1136 Beechview Dr S, Ste 402		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1 1	D 0 6	Y 1 3	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]