In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		· · · · · · -							
Citizens for Leeseberg									
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
James Leeseberg					,				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
651 Rose Way	Fundraiser Printing/Postage		1 1	0 7	1 6	. [100.00		
City	State	Zip Code	Received	d at Fundr					
Gahanna	O H	43230		YES		☑ NO			
Full Name of Contributor	Employer, Occup	Registration Number, if PAC							
James Leeseberg									
Street Address		Description of Item or Service		D	Y	Fair Market Value			
651 Rose Way	Fc	Food/Drinks		1 7	1 6		139.20		
City	State	Zip Code	1	d at Fundr	raising E				
Gahanna	O H	43230	닏	YES		□ NO			
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registrat	tion Numl	ber, if PA	AC			
James Leeseberg					M D Y Fair Market Value				
Street Address	_	scription of Item or Service		D	Y	Fair Market Value			
651 Rose Way		n Correspondence	1 2				54.42		
City	State	Zip Code	Received at Fundraising Event?			1			
Gahanna	O H	43230	☐ YES ☑ NO						
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
City	State	Zip Code	I —	d at Fundr YES	raising E	vent?			
Full Name of Contributor	Employer, Occup	Registration Number, if PAC							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value			
City	State	Zip Code	Received	d at Fundr	raising E	vent?			
			☐ YES ☐ NO						
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value			
City	State	Zip Code	Received	d at Funda YES	raising E	vent?			
Full Name of Contributor	Employer, Occup	pation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	:		
C'	State	State Zin Code		Received at Fundraising Event?					
City	State	Zip Code	YES NO						
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Organization * Registration Number, if PAC						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code		d at Fundi YES	raising E	vent?			

^{*} 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)]