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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
Fundraiser - held 07/27/17				<u> </u>			
Street Address	Employe	er/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
230 Granville Street						,	
City	I _	ate	Zip Code	М	D	Y	Amount
Gahanna	0	Н	43230	0 7	2 7	1 7	1,400.00
Full Name of Contributor Registration Number, if PAC							
Donald Stoffer							
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
1136 Beechview Dr N	<u> </u>		•				Check
City	St	ate	Zip Code	M	D	Y	Amount
Worthington	0	Н	43085	0 7	2 4	1 7	50.00
Full Name of Contributor				Registra	tion Numl	ber, if PA	C
James Pajk				<u> </u>			
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
6077 Round Tower Lane							Check
City	1 .	ate	Zip Code	M	D	Y	Amount
Dublin	0	Н	43017	0 7	2 4	1 7	30.00
Full Name of Contributor				Registra	tion Numl	ber, if PA	C
Lee Bailey							
Street Address	Employe	г. Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)
647 Churchill Drive					_		Check
City	St	ate	Zip Code	M	D	Y	Amount
Gahanna		Н	43230	0 7	2 4	1 7	50.00
Full Name of Contributor Registration Number, if PAC							
Charlie Driscoll							
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
905 Babbington Ct							Check
City	St	ate	Zip Code	M	D	Y	Amount
Westerville	О	Н	43081	0 7	2 6	1 7	100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Everett Woodel							
eet Address Employer Occupation/Labor Organization*					Form (Cash, Check, etc.)		
5935 Seldon Drive							Check
City		ate	Zip Code	M	D	Y	Amount
Westerville	0	Н	43081	0 7	2 6	1 7	100.00
Full Name of Contributor				Registra	tion Numl	ber, if PA	С
Canini & Associates Ltd 100% Larry Canini							
Street Address	Employe	er/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
4381 Antmon Round					_		Check
City	St	ate	Zip Code	M	D	Y	Amount
New Albany	0	Н	43054	0 7	2 6	1 7	100.00
Full Name of Contributor Registration Number, if PAC							
Shawn Moran							
Street Address	Employe	er/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
1074 Arcaro Drive							Check
City	St	ate	Zip Code	M	D	Y	Amount
Gahanna	0	Н	43230	0 8	0 2	1 7	100.00

Page Total \$	1,930.00

^{*} 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)]