

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Leeseberg							
Full Name of Contributor Oliver Damschroder						Registration Number, if PAC	
Street Address 5053 Killowen Ct			Employer/Occupation/Labor Organization* American Structurepoint/Design Man.			Form (Cash, Check, etc.) Check	
City Columbus			State O H	Zip Code 43230	M 1 0	D 0 8	Y 1 3
						Amount 20.00	
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 0	Y 1 3
						Amount 20.00	
Full Name of Contributor Andrew Martin						Registration Number, if PAC	
Street Address 351 Linwood Ave			Employer/Occupation/Labor Organization* URS/Designer			Form (Cash, Check, etc.) Check	
City Columbus			State O H	Zip Code 43205	M 1 0	D 1 1	Y 1 3
						Amount 50.00	
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	M 1 0	D 1 5	Y 1 3
						Amount 50.00	
Full Name of Contributor Cyndi Abdon						Registration Number, if PAC	
Street Address 144 N. Gould			Employer/Occupation/Labor Organization* Kayne Law Group/Admin Asst			Form (Cash, Check, etc.) Cash	
City Columbus			State O H	Zip Code 43209	M 1 0	D 0 5	Y 1 3
						Amount 235.00	
Full Name of Contributor Chad Downing-Point Plus Personnel						Registration Number, if PAC	
Street Address 155 W. Johnstown			Employer/Occupation/Labor Organization* Point Plus Personnel/Owner			Form (Cash, Check, etc.) Check	
City Gahanna			State O H	Zip Code 43230	M 0 7	D 0 5	Y 1 3
						Amount 200.00	
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	

* 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)]