31-A-2
R.C. 3517.10(B)

Page____1

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Citizens for Leeseberg								

Full Name				Registration Number, if PAC				
The Union Bank Co. Interest 1/1/18-12/31/18								
Address	Type*		M	D	Y	Amount		
461 Beecher Road	I N		1 2	3 1	1 9		4.23	
City	State	Zip Code	Form(Cash,Check,etc)					
Gahanna	O H	43230	Interest					

Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					

Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					

Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					

Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					

Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					

Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					

Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total $____4.23