

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Leeseberg									
To Whom Paid Half Price Books						M	D	Y	Amount
						0	1	1	6.43
Address 561 S. State Street			Purpose Thank you notes						
City Westerville			State O	H	Zip Code 43081	Check Number			
To Whom Paid James Leeseberg						M	D	Y	Amount
						0	2	2	100.00
Address 651 Rose Way			Purpose Repayment of loan						
City Gahanna			State O	H	Zip Code 43230	Check Number			
To Whom Paid James Leeseberg						M	D	Y	Amount
						0	2	2	200.00
Address 651 Rose Way			Purpose Repayment of debt						
City Gahanna			State O	H	Zip Code 43230	Check Number			
To Whom Paid State of Ohio, Ethics Commission						M	D	Y	Amount
						0	5	1	35.00
Address			Purpose Ethics filing						
City			State O	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			