Page15	

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

			 					
Name of Committee in Full								
Citizens for Leeseberg	In I a		In .		·cn·			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Thomas Banks			,	·····	,			
Street Address	Description of Item or Service		M	D	Y	Fair Market Val		
1210 Whispering Meadows	Entertainment		1 0				250.00	
City	State Zip Code		Received at Fundraising Event?					
New Albany	O H 43054		✓ YES □ NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Matt Painter								
Street Address	Description of Item or Service		М	D	Y	Fair Market Val	lue	
1014 N Hamilton	Food/I	Drinks	1 0	1 4	117		470.00	
City	State Zip Cod		1 0 1 4 1 7 470.00					
Gahanna	O H	43230		YES	C	□ NO		
Full Name of Contributor	Employer, Occupation, Lab				her if PA			
Tun Name of Controller	Employer, Occupation, Eac	oor Organization	Registration Number, if PAC					
Street Address	Description of Item or Serv	iaa	M	D	Y	Fair Market Val	lua	
Sitest Address	Description of item of serv	rice	101	J	l ';	rali Market Val	itic	
Cir.	S4-4- 7:- C-4		Danaissa	at Euseda	Lisias Γ.	42		
City	State Zip Cod	ie	Received		aising Ev	ent?		
5 HV 60 3				YES	1051			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Val	lue	
City	State Zip Cod	le	Received	at Fundr	aising Ev	ent?		
				☐ YES ☐ NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registrat	Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Val	lue	
					ŀ			
City	State Zip Cod	le	Received	at Fundr	aising Ev	/ent?		
				YES	2	□ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Tan Name of Controller	Employer, Secupation, East	oor organization	Tropismu.	1017 7 (1211	001, 11 1 7			
Street Address	Description of Item or Serv	uiaa.	М	D	Y	Fair Market Val	lua	
Sileet Address	Description of Rein of Serv	vice	101		',	li ali iviaiket va	iuc	
City	State Zip Cod	le	Received		aising Ev			
				YES		∐ NO		
Full Name of Contributor	Employer, Occupation, Lab	bor Organization *	Registrat	ion Numl	ber, if PA	ıC		
Street Address	Description of Item or Serv	vice	М	D	Y	Fair Market Va	lue	
City	State Zip Cod	le	Received		raising Ev	vent?		
				☐ YES ☐ NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registrat	ion Num	ber, if PA	ıC		
		-	1					
Street Address	Description of Item or Service		М	D	Y	Fair Market Va	lue	
City	State Zip Cod	le	Received	at Fundi	raising Fy	/ent?		
				YES		□ NO		
L								

Page Total \$	720.00
_	

^{*} 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)]