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Statement of Loans Received

Prescribed by Secretary of State3/05

				110	Scribed 0	y secreta	15 OI SIAIC	-5705					
Full Name of Committee										•			
Citizens for Leeseber	g												
From Whom Received									Prior An			Amt. Incurred this Perio	
James Leeseberg										1	00.00		0.00
Address									,			Outstanding Balance	
651 Rose Way												10	00.00
City		Zip Code		Loa	Loans Received This Period				Payments This Period				
Gahanna	IOIH	43230)	Date Amount			Date			-Amount			
Date Loan was originally	Mį	Ð	Y	M	D	Y	s		M _j	D	Y	S	
Incurred			1										
Registration Number, if PAC				M	D	Y			М	D	Y		
]			
Employer/Occupation/Labor Organization	1*			M;	D	Y			Mj	D	Y		
				j					1 1	1		1	
From Whom Received									Prior An	nownt		Amt. Incurred this Perio	xd
Address												Outstanding Balance	
City	State	Zip Code	;	Loa	Loans Received This Period				Payments This Period				
				1	Date			Amount	1	Dat	e	Amount	
Date Loan was originally	M	D	Y	M	D	Y	S		M	Đ	Ŷ	\$	
Incurred			İ										
Registration Number, if PAC				M	Ð	Y			М	D	Y		
Employer/Occupation/Labor Organization	1*			M	Ð	Y	T		M	D	Y		
				ł	1		<u> </u>		<u>j</u>				
From Whom Received				_					Prior An	nount		Amt. Incurred this Perio	od
Address												Outstanding Balance	
<u></u>													
City	State	Zip Code	:	Loa	ns Receiv	ved This	Period				Payn	ents This Period	
		ļ			Date			Amount		Dat	e	Amount	
Date Loan was originally	М	D	Y	M	D	Y	S		M	D	Y	s	
Incurred		1 1			<u> </u>					<u> </u>	<u> </u>		
Registration Number, if PAC				M	Ð	Y			M	D	Y		
					1		1						
Employer/Occupation/Labor Organization	1*			M	D	Y	1		М	D	Y		
							1					<u> </u>	
•													
• Required for contributions over \$100 to	statenide s	and genera	Laccombi	v candidat	es literani	tributor is	self_emol	loved accumution s	and the name	e of the in	dividual's	husiness	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space, Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	100.00_	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	100.00	(To Form No. 30-A)

Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business
if any, rather than employer should be listed. If two ormore employees donate 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)