

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Leeseberg					
Full Name The Union Bank Co. Interest 1/1/18-12/31/18				Registration Number, if PAC	
Address 461 Beecher Road	Type* I N		M 1	D 2	Y 3
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Interest		Amount 2.19
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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.