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Statement of Other Income

Prescribed by Secretary of State 2/01

V (0)			
Name of Committee in Full			
Citizens for Leeseberg			
Full Name	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
James Leeseberg			
Address	Type*		M D Y Amount
651 Rose Way	<u>L</u> N		0 6 2 5 1 3 2,054.00
City	State	Zip Code	Form(Cash,Check,etc)
Gahanna	O H	43230	
Full Name			Registration Number, if PAC
			<u> </u>
Address	Type*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name			Registration Number, if PAC
			1
Address	Type*		M D Y Amount
	<u> </u>		
City	State	Zip Code	Form(Cash,Check,etc)
		1	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	'', pc		
 City	State	Zip Code	Form(Cash,Check,etc)
, 	J. J	Sip 5000	5(5.00.,5.00.)
Full Name			Registration Number, if PAC
, an exame			
Address	Type*		M D Y Amount
, www.cas	i ype*		- Amount
City	0	Zin Code	Form(Cash,Check,etc)
City	State	Zip Code	i oringousin, onces, one)
Gull Now -		1	Registration Number, if PAC
Full Name			ingiananon inumori, n rate
Address	<u> </u>		M I D I V IA
Address	Type*		M D Y Amount
a:		7: 0	Form(C-1, Ch-1, -4)
City	State	Zip Code	Form(Cash,Check,etc)
			Daniel Mills No. 1000.0
Full Name	_		Registration Number, if PAC
			N 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address	Туре*		M D Y Amount
<u> </u>			
City	State	Zip Code	Form(Cash,Check,etc)
Full Name			Registration Number, if PAC
L			
Address	Type*		M D Y Amount
l			
City	State	Zip Code	Form(Cash, Check, etc)
<u> </u>		<u></u>	
<u> </u>		61 0:	1. D.C. C Cond

^{*} 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.