Statement of Contributions Received

Prescribed by Secretary of State 3.05

Name of Committee in Full						
Citizens for Leeseberg						
Full Name of Contributor			Danistra	ntion Num	ber, if PA	<u> </u>
Tom and Becky Kneeland			Registra	adon Ivani	bei, ii r A	C
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
132 Serran Dr	Z.mproyen deed	panon zacor organization				Check
City	State	Zip Code	Гм	D	Y	Amount
Gahanna	ОН	-	0 7	1		100.00
Full Name of Contributor	0 11	40200			ber, if PA	
Smith & Hale LLC, 100% Glen Du	gger				,	
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)
37 West Broad St						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОΙН		0 7	1	1 7	100.00
Full Name of Contributor	10 1 33	13213			ber, if PA	
Fundraiser - held 07/27/17						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
1014 N Hamilton Rd						
City	State	Zip Code	М	D	Y	Amount
Gahanna	ОН	43230	110	1 4	1 7	1,425.00
Full Name of Contributor					ber, if PA	
Frank & Kathleen O'Hare						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
1009 Zodiac Ave						Check
City	State	Zip Code	М	D	Y	Amount
Gahanna	ОН	43230	1110	0 5	1 7	50.00
Full Name of Contributor	•				ber, if PA	C
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ition Num	ber, if PA	C
Street Address	Employer: Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ition Num	ber, if PA	С
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	ition Num	ber, if PA	С
	I =					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
]				

* 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)]

Page Total \$	1,675.00