



Statement of Contributions Received

Campaign Finance | (614) 466-3111
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Form 31-A
ORC 3517.10

Full Name of Committee CITIZENS TO RE-ELECT LECKLIDER				
Full Name of Contributor AMAR VADLAMUDI			Registration Number, if PAC N/A	
Street Address 485 METRO PL S, STE 270		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	10/27/2017 MM/DD/YYYY	Amount 150.00
Full Name of Contributor KAUSHAL VADADA			Registration Number, if PAC N/A	
Street Address 355 N WOLFE RD, APT 325		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City SUNNYVALE	State CA	Zip Code 94085	10/27/2017 MM/DD/YYYY	Amount 150.00
Full Name of Contributor GAACELAND PARTNERS LLC			Registration Number, if PAC N/A	
Street Address 3783 N HIGH ST		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43214	10/27/2017 MM/DD/YYYY	Amount 150.00
Full Name of Contributor KIRAN BEERAVELLI			Registration Number, if PAC N/A	
Street Address 7942 CARAWAY AVE		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43016	10/27/2017 MM/DD/YYYY	Amount 150.00
Full Name of Contributor HAREESHA BEERAVELLI			Registration Number, if PAC N/A	
Street Address 7942 CARAWAY AVE		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43016	10/27/2017 MM/DD/YYYY	Amount 150.00

*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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$750.00