



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Contributor Lakeesha D Ball Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) check Form (Cash, Check, etc.) check Full Name of Contributor Elizabeth L Leskowyak Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State OH 43054 Date (MM/DD/YYY) Amount OH/DS/2018 Store Address Form (Cash, Check, etc.) Check City State OH 43054 Date (MM/DD/YYY) Amount OH/DS/2018 Store Address Form (Cash, Check, etc.) Check City State Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check Constance Tate Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City OH 43054 Date (MM/DD/YYYY) Amount Constance Tate Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City OH 43215 Date (MM/DD/YYYY) Amount Check City State Zip Code Date (MM/DD/YYYY) Amount Check City State Zip Code Date (MM/DD/YYYY) Amount Check City State Zip Code Date (MM/DD/YYYY) Amount Check Check City State Zip Code Date (MM/DD/YYYY) Amount Check City State Zip Code Date (MM/DD/YYYY) Amount Check Chec	Full Name of Committee					
Lakeesha D Ball Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check	Citizens for Quality Schools					
Street Address 7560 Blacklick Ridge Blvd City State City Blacklick OH 43004 State City City State City Date (MM/DD/YYYY) Blacklick OH A3004 Registration Number, if PAC Registration Number, if PAC City State City State City Constance Tate Street Address Street Address City Columbus Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Registration Number, if PAC Registration Number, if PAC Check City State City Columbus Columbus Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State City	Full Name of Contributor Registration Numb					er, if PAC
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New Albany OH 43054 O4/05/2018 30.00 Registration Number, if PAC	7205 Upper Clarenton Dr S			Check		
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	450 E Stanton Ave	Check				
Columbus OH 43214 04/05/2018 40.00	City	State	Zip Code			
Columbus	Columbus	ОН	43214	04/05/2018 40.00		

*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	270.00