



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 AUGUSTYA VADADA			Registration Number, if PAC N/A	
Street Address 6825 BEAR CLOVER DR.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43016	Date 10/27/2017 MM/DD/YYYY	Amount 156.00
Full Name of Contributor VIJAY K. BODDU			Registration Number, if PAC N/A	
Street Address 2606 NORTH 109TH PLAZA, APT 208		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City OMAHA	State NE	Zip Code 68104	Date 10/30/2017 MM/DD/YYYY	Amount 100.00
Full Name of Contributor ROGER EASTEP			Registration Number, if PAC N/A	
Street Address 6390 NEWGRANGE DR.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43016	Date 11/02/2017 MM/DD/YYYY	Amount 100.00
Full Name of Contributor WARREN FISHMAN			Registration Number, if PAC N/A	
Street Address 8577 TURNBERRY CT.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date 11/06/2017 MM/DD/YYYY	Amount 150.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date MM/DD/YYYY	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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$500.00