



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 JILL L. KEENAN			Registration Number, if PAC N/A	
Street Address 7103 COUNTRYWOOD DR		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date 09/06/2017 MM/DD/YYYY	Amount 150.00
Full Name of Contributor MICHAEL H. KEENAN			Registration Number, if PAC N/A	
Street Address 7103 COUNTRYWOODS DR		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date 09/06/2017 MM/DD/YYYY	Amount 150.00
Full Name of Contributor STEPHEN RUSSELL JONES			Registration Number, if PAC N/A	
Street Address 800 VALLEY VIEW POINT		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City SPRINGBORO	State OH	Zip Code 45066	Date 09/06/2017 MM/DD/YYYY	Amount 50.00
Full Name of Contributor ROBIN R. CAMPBELL			Registration Number, if PAC N/A	
Street Address 5565 BRAND RD.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date 09/18/2017 MM/DD/YYYY	Amount 100.00
Full Name of Contributor RYAN M. KEENAN			Registration Number, if PAC N/A	
Street Address 6173 CRAUGHWOOD LANE		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date 09/26/2017 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 \$ 600.00