



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee CITIZENS FOR MCKENZIE				
Full Name of Contributor SHARON COOK			Registration Number, if PAC	
Street Address 3160 KINGS DALE CENTER	Employer/Occupation/Labor Organization* COLDWELL BANKER		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/28/2017	Amount 100.00
Full Name of Contributor HANNA UHAUS			Registration Number, if PAC	
Street Address 3160 KINGS DALE CENTER	Employer/Occupation/Labor Organization* COLDWELL BANKER		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/28/2017	Amount 100.00
Full Name of Contributor CHRIS BOWSER			Registration Number, if PAC	
Street Address 7788 TOKATEE DRIVE	Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City PICKERINGTON	State OH	Zip Code 43147	Date (MM/DD/YYYY) 08/28/2017	Amount 50.0
Full Name of Contributor JOHN ADAMS			Registration Number, if PAC	
Street Address 2310 DORSET ROAD	Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/07/2017	Amount 50.00
Full Name of Contributor PETER WALSH			Registration Number, if PAC	
Street Address 4271 WOODHALL ROAD	Employer/Occupation/Labor Organization* COLUMBUS TEMPERATURE CONTROLS		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/07/2017	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)]