



Statement of Contributions Received

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Campaign Finance | (614) 466-3111
www.OhioSecretaryofState.gov
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Form 31-A
ORC 3517.10

Full Name of Committee CITIZENS TO RE-ELECT LICKLIDER				
Full Name of Contributor D. BRIAN MEDDORS			Registration Number, if PAC N/A	
Street Address 8164 GRAFTON END		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43016	Date 09/26/2017 MM/DD/YYYY	Amount 150.00
Full Name of Contributor GERARD A. SMITH			Registration Number, if PAC N/A	
Street Address 3000 EARLS CT.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City WILLIAMS BURG	State OH	Zip Code 23185	Date 09/26/2017 MM/DD/YYYY	Amount 100.00
Full Name of Contributor FRANK C. WILSON			Registration Number, if PAC N/A	
Street Address 5922 DUNLIAM PL.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date 10/02/2017 MM/DD/YYYY	Amount 150.00
Full Name of Contributor SCOTT L. WHITE			Registration Number, if PAC N/A	
Street Address 4618 GUYHEDD CT.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43016	Date 10/03/2017 MM/DD/YYYY	Amount 150.00
Full Name of Contributor MARILYN CHINNICKI-ZUERCHER			Registration Number, if PAC N/A	
Street Address 6043 GLENBARR PL		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date 10/04/2017 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 **\$700.00**