



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee CITIZENS FOR MCKENZIE				
Full Name of Contributor TRACY PETERS			Registration Number, if PAC	
Street Address 2039 COLLINGSWOOD ROAD	Employer/Occupation/Labor Organization* RED CAPITAL GROUP		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/07/2017	Amount 250.00
Full Name of Contributor MARY TEDROW			Registration Number, if PAC	
Street Address 3970 LITHOPOLIS ROAD	Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City GROVEPORT	State OH	Zip Code 43125	Date (MM/DD/YYYY) 08/07/2017	Amount 250.00
Full Name of Contributor DEBORAH PRYCE			Registration Number, if PAC	
Street Address 2065 TREMONT ROAD	Employer/Occupation/Labor Organization* OHIO LIQUOR CONTROL		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/07/2017	Amount 100.00
Full Name of Contributor GLORIA HEYDLAUFF			Registration Number, if PAC	
Street Address 2390 SHERINGHAM ROAD	Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/16/2017	Amount 200.00
Full Name of Contributor TOM SEXTON			Registration Number, if PAC	
Street Address 1587 GUILFORD ROAD	Employer/Occupation/Labor Organization* THOMAS P SEXTON ATTORNEY AT LAW		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/16/2017	Amount 50.00

*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)]