



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee CITIZENS FOR MCKENZIE			
Full Name of Contributor SCOTT MCKENZIE		Registration Number, if PAC	
Street Address 3905 BRAMFORD	Type* Loan Payments Received	Date (MM/DD/YYYY) 11/10/2017	Form (Cash, Check, etc.) CHECK
City UPPER ARLINGTON	State OH	Zip Code 43221	Amount 6000.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 6000.00