



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee CITIZENS FOR MCKENZIE					
Full Name of Contributor STEPHEN DACKIN				Registration Number, if PAC	
Street Address	Employe	er/Occupation/Labo	or Organization*	Form (Cash, Check, etc.)	
550 EAST SPRING STREET	COLUN	ABUS STATE CO	CHECK		
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
COLUMBUS	ОН	43215	11/1	0/2017 75.00	
Full Name of Contributor	*		Registrati	on Number, if PAC	
Street Address	Employ	er/Occupation/Labo	Form (Cash, Check, etc.)		
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount	
Full Name of Contributor		Registration Number, if PAC			
Street Address	Employ	er/Occupation/Lab	Form (Cash, Check, etc.)		
City	State OH	Zip Code	Date (MM/DD/YYYY) Amount		
Full Name of Contributor		<u> </u>	Registrat	Registration Number, if PAC	
Street Address	Employ	er/Occupation/Lab	Form (Cash, Check, etc.)		
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount	
Full Name of Contributor			Registrat	on Number, if PAC	
Street Address	Employ	er/Occupation/Lab	Form (Cash, Check, etc.)		
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount	

Page	Total:	75.00	
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^{*}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)]