



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> CITIZENS FOR MCKENZIE				
Full Name of Contributor BETH KIEFABER			Registration Number, if PAC	
Street Address 4085 FAIRFAX DRIVE	Employer/Occupation/Labor Organization* COLDWELL BANKER		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/16/2017	Amount 150.0
Full Name of Contributor MATT MCCLELLAN			Registration Number, if PAC	
Street Address 1673 ESSEX ROAD	Employer/Occupation/Labor Organization* MILES MCCLELLAN CONSTRUCTION CO		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2017	Amount 100.00
Full Name of Contributor JOANIE DUGGER			Registration Number, if PAC	
Street Address 1788 COVENTRY ROAD	Employer/Occupation/Labor Organization* UPPER ARLINGTON EDUCATION FOUNDATION		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2017	Amount 250.00
Full Name of Contributor LAURIE VOSS			Registration Number, if PAC	
Street Address 1567 ESSEX ROAD	Employer/Occupation/Labor Organization* DAVE GILL PONTIAC		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2017	Amount 50.00
Full Name of Contributor PATRICIA JAY			Registration Number, if PAC	
Street Address 2815 DONCASTER ROAD	Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2017	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)]