



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF SETH KRAUT				
Full Name of Contributor STEVEN HURT			Registration Number, if PAC	
Street Address 595 GREENWICH ST		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WORTHINGTON	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 10/05/2019	Amount \$40.00
Full Name of Contributor RACHAEL SMITH			Registration Number, if PAC	
Street Address 100 HOWARD AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WORTHINGTON	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 10/06/2019	Amount \$50.00
Full Name of Contributor RACHAEL DOROTHY			Registration Number, if PAC	
Street Address 179 KENBROOK DR		Employer/Occupation/Labor Organization* ENGINEER		Form (Cash, Check, etc.) CHECK
City WORTHINGTON	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 10/06/2019	Amount \$25.00
Full Name of Contributor NICOLE HIRD			Registration Number, if PAC	
Street Address 100 CHASE RD		Employer/Occupation/Labor Organization* NORTHWEST ANIMAL HOSPITAL/V.M.D.		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH <input type="checkbox"/>	Zip Code 43214	Date (MM/DD/YYYY) 10/06/2019	Amount \$1,000.00
Full Name of Contributor MARY WOODS			Registration Number, if PAC	
Street Address 357 PINNEY DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WORTHINGTON	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 10/09/2019	Amount \$100.00

*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 \$1215.00