



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Ted Berry				
Full Name of Contributor Rebecca Mott			Registration Number, if PAC	
Street Address 1524 Northam Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 11/1/17	Amount 100.00
Full Name of Contributor Darla Smith			Registration Number, if PAC	
Street Address 7137 Parsons Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Croton	State OH	Zip Code 43013	Date (MM/DD/YYYY) 10/27/17	Amount 100.00
Full Name of Contributor Donald Plank			Registration Number, if PAC	
Street Address 145 E. Rich Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/29/17	Amount 200.00
Full Name of Contributor Amy Long			Registration Number, if PAC	
Street Address 4921 Bean Oller Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Delaware	State OH	Zip Code 43015	Date (MM/DD/YYYY) 10/24/17	Amount 100.00
Full Name of Contributor Gary Schmidt			Registration Number, if PAC	
Street Address 263 Franklin Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worhtington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/29/17	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)]