

## Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Docy Smith						
Full Name of Contributor				Registration Numb	per, if PAC	
Kathrya Kaller						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
670 Morning St	Charle 4617					
City	State	Zip Code	Date (MM/D	, "	Amount	
worthing ton	ОН	43085	9/-	23/17	25	
Full Name of Contributo				Registration Numb	per, if PAC	
Thinas Harrer		<u></u>				
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
160 born tellow Ave					Sheets 906	
City	State	Zip Code	Date (MM/D	DAYYY)	Amount	
Warthagter	OH	4308)	91	1/17	100-	
Full Name of Contributor Registration Number, if PAC						
William Cherts						
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
809 Robbins Wmy					2719	
City	State Zip Code Date (MM/DD/YYYY)			D/YYYY)	Amount	
methistr	ОН	43088	9/5	5/17	1000	
Full Name of Contributor	Registration Number, if PAC				per, if PÀC	
Street Address	Employer/Occupation/Labor Organization* For				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	ОН		}			
Full Name of Contributor		·		Registration Numl	per, if PAC	
Street Address	Employer/Occupation/Labor Organization*			•	Form (Cash, Check, etc.)	
}						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	он					
	<u> </u>	<u> </u>	<u> </u>		1	

\*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	1125
	112