



Statement of Contributions Received

Form 31-A

ORC 3517.10

Campaign Finance	(614) 466-3111
www.OhioSecretan	ofState.gov
cfinance@OhioSec	retarvofState.go

Full Name of Committee							
Friends of Shaws Whitter							
				Registration Number	tion Number, if PAC		
Derreck Clay							
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
64 E. Lima St	`				Check 3811		
City	State Zip Code Date (MM/DD/YY				Amount		
(olimbia)	OH	DH 43215 10/18/17			50		
Full Name of Contributor Registration Number, if PAC							
Kim Maggard							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
600 Link Rd.	.xc				Check 1172		
City	State	Zip Code	Date (MM/DI	200	Amount		
Whitehall	OH	43213	10/16/	17 925/	2 25		
Full Name of Contributor, Registration Number					er, if PAC		
Latherine Chipps							
Street Address	Employen	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
4086 Fitypatrick)				Check 1010		
City //	State Zip Code Date (MM/DD/YY			DYYYYY)	Amount		
Carel Winchester	ОН	H 43110 10/31/11			10000		
Full Name of Contributor Regis			Registration Numb	Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	Date (MM/DI	DAYYY)	Amount		
	ОН			·			
Full Name of Contributor Registration			Registration Numb	er, if PAC			
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
	ОН			•			

*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)]

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