



## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

Full Name of Committee <i>Citizens for Doug Smith</i>				
Full Name of Contributor <i>Doug Smith</i>		Employer, Occupation, Labor Organization* <i>Self Employed</i>		Registration Number, if PAC
Street Address <i>169 E North St</i>		Description of Item or Service <i>Promo Materials</i>		Date (MM/DD/YYYY) Fair Market Value <i>9/24/17 632.00</i>
City <i>Worthington</i>	State <i>OH</i>	Zip Code <i>43085</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor <i>Doug Smith</i>		Employer, Occupation, Labor Organization* <i>Self Employed</i>		Registration Number, if PAC
Street Address <i>169 E North St</i>		Description of Item or Service <i>mailing</i>		Date (MM/DD/YYYY) Fair Market Value <i>10/10/17 654.00</i>
City <i>Worthington</i>	State <i>OH</i>	Zip Code <i>43085</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor <i>Doug Smith</i>		Employer, Occupation, Labor Organization* <i>Self Employed</i>		Registration Number, if PAC
Street Address <i>169 E North St</i>		Description of Item or Service <i>Office Supplies</i>		Date (MM/DD/YYYY) Fair Market Value <i>10/10/17 119.87</i>
City <i>Worthington</i>	State <i>OH</i>	Zip Code <i>43085</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor <i>Doug Smith</i>		Employer, Occupation, Labor Organization* <i>Self Employed</i>		Registration Number, if PAC
Street Address <i>169 E North St</i>		Description of Item or Service <i>Video Services</i>		Date (MM/DD/YYYY) Fair Market Value <i>10/31/17 385.00</i>
City <i>Worthington</i>	State <i>OH</i>	Zip Code <i>43085</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor <i>Dewine</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY) Fair Market Value
City	State	Zip Code	Received at Fundraising Event?	
	<i>OH</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]