



## **In-Kind Contributions Received**

Form 31-J-1

E-di New - 50	·				11.0. 3317.10	
Full Name of Committee Citizens for Doug Smith						
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Blue Streak Strategies, Ilc Doug Smith		Marketing				
Street Address	Description of Item or	Service		Date (MM/DD/YYYY)	Fair Market Value	
541 Orcahrdview Rd	Material Distribution			11/01/2019	800	
City	State	Zip Code Received at Fundraisin		ng Event?		
Seven Hills	он 🔄	44131	☐ Yes 🔀 No	0		
Full Name of Contributor		Employer, Occupation, Labor Organization* Registration Number, if PAC		if PAC		
Street Address	Description of Item or	ervice		Date (MM/DD/YYYY)	Fair Market Value	
City	State	Zip Code	Received at Fundraisi	ng Event?		
	Z		☐ Yes ☐ No			
Full Name of Contributor	Employer, Occupatio	tion, Labor Organization* Registration Number, if PAC				
Street Address	Description of Item or	rvice		Date (MM/DD/YYYY)	Fair Market Value	
City State		Zip Code	Received at Fundraisin	sing Event?		
			Yes No			
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or	iervice		Date (MM/DD/YYYY)	Fair Market Value	
City	State	Zip Code	Received at Fundraisi	ng Event?		
			☐ Yes ☐ No			
Full Name of Contributor	Employer, Occupation, Labor Organization* Registra		Registration Number,	if PAC		
Street Address	Description of Item or S	Service	vice		Fair Market Value	
City	State	Zip Code	Received at Fundraisi	ng Event?		
	×		Yes No			

800	
Page Total \$	

<sup>\*</sup> 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)]