

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Chris Smith for Grandview									
Full Name of Contributor Charmaine Mazzei							Registration Number, if PAC		
Street Address 1 Berrington Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Nitro		State WV		Zip Code 25143		M D Y 0 5 0 8 1 3		Amount \$100.00	
Full Name of Contributor Erin Sullivan-Lally							Registration Number, if PAC		
Street Address 16187 Drake Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Strongsville		State OH		Zip Code 44136		M D Y 0 5 0 8 1 3		Amount \$25.00	
Full Name of Contributor Jenette Hawkins							Registration Number, if PAC		
Street Address 373 South Grant Avenue Apt. E				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M D Y 0 5 0 8 1 3		Amount \$20.00	
Full Name of Contributor Marguerite Smith							Registration Number, if PAC		
Street Address 21702 Rainberry Park Circle				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Boca Raton		State FL		Zip Code 33428		M D Y 0 5 0 8 1 3		Amount \$50.00	
Full Name of Contributor Vaughn Shannon							Registration Number, if PAC		
Street Address 9950 Lincolnshire Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Miamisburg		State OH		Zip Code 45342		M D Y 0 5 1 0 1 3		Amount \$25.00	
Full Name of Contributor Nora Huber							Registration Number, if PAC		
Street Address 149 West Kennworth Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43214		M D Y 0 5 1 3 1 3		Amount \$50.00	
Full Name of Contributor Kevin Moffa							Registration Number, if PAC		
Street Address 1925 Harrison Park Place				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43201		M D Y 0 5 1 4 1 3		Amount \$300.00	
Full Name of Contributor Randolph Moffett							Registration Number, if PAC		
Street Address 2 East 51st Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Savannah		State GA		Zip Code 31455		M D Y 0 5 2 1 1 3		Amount \$25.00	

* 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)]

Page Total **\$595.00**