



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Chris Smith for Grandview				
Full Name of Contributor Mollie Wright			Registration Number, if PAC	
Street Address 430 S. Dunton Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Arlington Heights	State IL	Zip Code 60005	Date (MM/DD/YYYY) 03/07/2017	Amount 100
Full Name of Contributor Erin Sullivan-Lally			Registration Number, if PAC	
Street Address 16187 Drake Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Strongsville	State OH	Zip Code 44136	Date (MM/DD/YYYY) 03/08/2017	Amount 25
Full Name of Contributor Susan Allardyce			Registration Number, if PAC	
Street Address 1346 Lincoln Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Grandview Heights	State OH	Zip Code 43212	Date (MM/DD/YYYY) 03/12/2017	Amount 50
Full Name of Contributor James Benadum			Registration Number, if PAC	
Street Address 2109 Dry Ridge Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 03/17/2017	Amount 25
Full Name of Contributor John Van Doorn			Registration Number, if PAC	
Street Address 1040 Baunrock Burn Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 03/31/2017	Amount 50

*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)]