



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Chris Smith for Grandview				
Full Name of Contributor Jamie Gentry			Registration Number, if PAC	
Street Address 1300 Westwood Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Grandview Heights	State OH	Zip Code 43212	Date (MM/DD/YYYY) 04/27/2017	Amount 50
Full Name of Contributor Pete Volker			Registration Number, if PAC	
Street Address 1807 W 1st Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Grandview Heights	State OH	Zip Code 43212	Date (MM/DD/YYYY) 04/27/2017	Amount 50
Full Name of Contributor George Kalbouss			Registration Number, if PAC	
Street Address 1370 Wyandotte Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Grandview Heights	State OH	Zip Code 43212	Date (MM/DD/YYYY) 04/27/2017	Amount 100
Full Name of Contributor Elizabeth Kalbouss			Registration Number, if PAC	
Street Address 1370 Wyandotte Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Grandview Heights	State OH	Zip Code 43212	Date (MM/DD/YYYY) 04/27/2017	Amount 100
Full Name of Contributor Richard Moore			Registration Number, if PAC	
Street Address 711 Winter Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Delaware	State OH	Zip Code 43015	Date (MM/DD/YYYY) 04/27/2017	Amount 100

*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 \$400.00