



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Chris Smith for Grandview				
Full Name of Contributor Columbus Apartment Association			Registration Number, if PAC OH146	
Street Address 1225 Dublin Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 04/27/2017	Amount 50
Full Name of Contributor Antoinette Wilson			Registration Number, if PAC	
Street Address 3500 Farway Commons Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 05/01/2017	Amount 100
Full Name of Contributor Michael Rankin			Registration Number, if PAC	
Street Address 2432 Wyncourtney Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 04/26/2017	Amount 50
Full Name of Contributor Greta Kearns			Registration Number, if PAC	
Street Address 1241 Lincoln Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Grandview Heights	State OH	Zip Code 43212	Date (MM/DD/YYYY) 04/29/2017	Amount 50
Full Name of Contributor Peter Boyuk			Registration Number, if PAC	
Street Address 5078 Waycroft Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 05/01/2017	Amount 25

\*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 \$275.00