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Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Chris Smith for Grandview				
Full Name of Contributor Resources PAC	Registration Number, if PAC 1076			
Street Address 17 South High Street, Suite 245	Employer/Occu	ipation/Labor Organization	!	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M D Y	
Full Name of Contributor			Registration Number, if	PAC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor	Registration Number, if PAC			
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if	PAC
Street Address	Employer/Occupation/Labor Organization*			
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor	Registration Number, if PAC			
Street Address	Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor	Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor	Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization			
City	Staje OH	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if	PAC
Street Address	Employer/Occup	pation/Labor Organization	•	Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount

Page Total \$100.00

^{*} 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)]