



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Chris Smith for Grandview				
Full Name of Contributor Michael Schadek			Registration Number, if PAC	
Street Address 1327 Guilford Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 04/27/2017	Amount 50
Full Name of Contributor Alfonse Cincione			Registration Number, if PAC	
Street Address 1126 Ormsby Place		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 Ted Klupinski			Registration Number, if PAC	
Street Address PO Box 12186		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 25
Full Name of Contributor Elaine Disalvo			Registration Number, if PAC	
Street Address 1742 W 3rd Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 04/27/2017	Amount 25
Full Name of Contributor Tomma Smith			Registration Number, if PAC	
Street Address 64 Jo Harry Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Fairmont	State WV	Zip Code 26554	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 \$300.00