



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Chris mith for Grandview				
Full Name of Contributor Steven Gladman			Registration Number, if PAC	
Street Address 175 South Third Street, Suite 1060		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 03/19/2019	Amount \$100.00
Full Name of Contributor Columbus Apartment Association			Registration Number, if PAC OH4146	
Street Address 1225 Dublin Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 03/23/2019	Amount \$100.00
Full Name of Contributor Robin Smith			Registration Number, if PAC	
Street Address 64 Jo Harry Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Fairmont	State WV	Zip Code 26554	Date (MM/DD/YYYY) 06/18/2019	Amount \$25.00
Full Name of Contributor Chris Smith			Registration Number, if PAC	
Street Address 1747 West 1st Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grandview Heights	State OH	Zip Code 43212	Date (MM/DD/YYYY) 08/17/2019	Amount \$150.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]