



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Chris Smith for Grandview				
Full Name of Contributor Dan Lacey			Registration Number, if PAC	
Street Address 1500 Clubview Blvd, South		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 02/24/2017	Amount 40
Full Name of Contributor Anette Tabit Reynolds			Registration Number, if PAC	
Street Address 4725 Chesterfield Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Charleston	State WV	Zip Code 25304	Date (MM/DD/YYYY) 02/26/2017	Amount 250
Full Name of Contributor Marguerite Smith			Registration Number, if PAC	
Street Address 21702 Rainberry Park Cir		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City Boca Raton	State FL	Zip Code 33428	Date (MM/DD/YYYY) 02/26/2017	Amount 25
Full Name of Contributor Joseph Palazzo			Registration Number, if PAC	
Street Address 5854 Ravine Creek Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 02/26/2017	Amount 25
Full Name of Contributor Charmaine Mazzei			Registration Number, if PAC	
Street Address One Barrington Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Nitro	State WV	Zip Code 25143	Date (MM/DD/YYYY) 03/08/2017	Amount 50

*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 \$390.00