



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Chris Smith for Grandview				
Full Name of Contributor			Registration Number, if PAC	
Chris Smith				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1747 W 1st Ave				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Grandview Heights	OH	43212	08/08/2017	200
Full Name of Contributor			Registration Number, if PAC	
Teresa McIntyre				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
2715 Northmont Dr				cash
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Blacklick	OH	43004	08/23/2017	40
Full Name of Contributor			Registration Number, if PAC	
Michael Baker				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
5006 Northwest Way				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Hurricane	WV	25526	07/31/2017	100
Full Name of Contributor			Registration Number, if PAC	
Kristin Bryant				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
387 Cheyenne Way				cash
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Reynoldsburg	OH	43068	08/23/2017	50
Full Name of Contributor			Registration Number, if PAC	
Brian Koprowski				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1360 Haines Ave				cash
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Grandview Heights	OH	43212	08/23/2017	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)]