

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Chris Smith for Grandview						
Full Name of Contributor Mary Wachtel				Registration Number, if PAC		
Street Address 421 Glen Echo Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43202	M 0	D 5	Y 2	Amount \$50.00
Full Name of Contributor Everyone for Ed Leonard				Registration Number, if PAC		
Street Address 146 Granville Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 5	Y 2	Amount \$100.00
Full Name of Contributor Crabbe, Brown & James- George McCue & John Kennedy				Registration Number, if PAC		
Street Address 500 South Front Street, Suite 1200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 5	Y 3	Amount \$500.00
Full Name of Contributor Sherrille Miller				Registration Number, if PAC		
Street Address 1683 Minnesota Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43211	M 0	D 6	Y 0	Amount \$25.00
Full Name of Contributor Tim Bradford				Registration Number, if PAC		
Street Address 1583 Quarrier Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Charleston	State WV	Zip Code 25311	M 0	D 6	Y 0	Amount \$100.00
Full Name of Contributor Steve Elleman				Registration Number, if PAC		
Street Address 340 Yankee Trace Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Centerville	State OH	Zip Code 45458	M 0	D 6	Y 1	Amount \$100.00
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	M 0	D 6	Y 1	Amount \$150.00
Full Name of Contributor Marc Armstrong				Registration Number, if PAC		
Street Address 257 Tyler Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 0	D 6	Y 1	Amount \$25.00

* 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)]

Page Total **\$1,050.00**