

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|---|--------------------|---|---------------|---------------|--|--------------------------|--|
| Name of Committee in Full Chris Smith for Grandview | | | | | | | |
| Full Name of Contributor Barbara Belville | | | | | Registration Number, if PAC | | |
| Street Address 3020 River Thames Street | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43221 | M 0 | D 8 | Y 0 | Amount \$50.00 | |
| Full Name of Contributor Elizabeth Shirey | | | | | Registration Number, if PAC | | |
| Street Address 2909 Indianola Avenue | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43202 | M 0 | D 8 | Y 0 | Amount \$40.00 | |
| Full Name of Contributor Kristin Long | | | | | Registration Number, if PAC | | |
| Street Address 443 Garden Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43214 | M 0 | D 8 | Y 0 | Amount \$40.00 | |
| Full Name of Contributor Theodore Klupinski | | | | | Registration Number, if PAC | | |
| Street Address P.O. Box 12186 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43212 | M 0 | D 8 | Y 0 | Amount \$20.00 | |
| Full Name of Contributor John Terango | | | | | Registration Number, if PAC | | |
| Street Address 2334 Northwest Boulevard | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Upper Arlington | State OH | Zip Code 43221 | M 0 | D 8 | Y 0 | Amount \$20.00 | |
| Full Name of Contributor Joseph Palazzo | | | | | Registration Number, if PAC | | |
| Street Address 5854 Ravine Creek Drive | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Grove City | State OH | Zip Code 43123 | M 0 | D 8 | Y 0 | Amount \$20.00 | |
| Full Name of Contributor Carol Depaola | | | | | Registration Number, if PAC | | |
| Street Address 4944 Buck Thorn Lane | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43220 | M 0 | D 8 | Y 0 | Amount \$20.00 | |
| Full Name of Contributor Greg Phelps | | | | | Registration Number, if PAC | | |
| Street Address 1046 Kenchester Drive | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43220 | M 0 | D 8 | Y 0 | Amount \$20.00 | |

* 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)]