



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Chris Smith for Grandview				
Full Name of Contributor Penny Tipps			Registration Number, if PAC	
Street Address 137 E State St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 01/27/2017	Amount 100
Full Name of Contributor Krista Bistline			Registration Number, if PAC	
Street Address 6425 State Rt 521		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Sunbury	State OH	Zip Code 43074	Date (MM/DD/YYYY) 02/02/2017	Amount 25
Full Name of Contributor Jeffrey Mackey			Registration Number, if PAC	
Street Address 1538 Monroe Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 02/02/2017	Amount 50
Full Name of Contributor Gary Daugherty			Registration Number, if PAC	
Street Address 3495 Bear Pointe Cir		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 02/04/2017	Amount 100
Full Name of Contributor Beverly Staten			Registration Number, if PAC	
Street Address 6407 Plankton Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43213	Date (MM/DD/YYYY) 02/10/2017	Amount 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)]