



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Chris Smith for Grandview				
Full Name of Contributor Adam Miller			Registration Number, if PAC	
Street Address 1600 Roxbery Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Marble Cliff	State OH	Zip Code 43212	Date (MM/DD/YYYY) 06/02/2017	Amount 100
Full Name of Contributor Tomma Smith			Registration Number, if PAC	
Street Address 64 Jo Harry Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Fairmont	State WV	Zip Code 26554	Date (MM/DD/YYYY) 06/12/2017	Amount 50
Full Name of Contributor Anthony Ferrise			Registration Number, if PAC	
Street Address 350 North St Asaph St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Alexandria	State VA	Zip Code 22314	Date (MM/DD/YYYY) 07/09/2017	Amount 150
Full Name of Contributor CCG PAC			Registration Number, if PAC OH1534	
Street Address 1500 W 6th Ave #45	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 07/30/2017	Amount 300
Full Name of Contributor Charles Collica			Registration Number, if PAC	
Street Address 2305 Barchette Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Tampa	State FL	Zip Code 33847	Date (MM/DD/YYYY) 08/02/2017	Amount 100

*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)]