



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Chris Smith for Grandview				
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 984 Highland St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 04/27/2017	Amount 100
Full Name of Contributor Joseph Palazzo			Registration Number, if PAC	
Street Address 5854 Ravine Creek Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 04/27/2017	Amount 25
Full Name of Contributor Francine Ryan			Registration Number, if PAC	
Street Address 125 Frankfurt Square	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 04/27/2017	Amount 25
Full Name of Contributor Susan Jagers			Registration Number, if PAC	
Street Address 1543 Wyandotte Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Grandview Heights	State OH	Zip Code 43212	Date (MM/DD/YYYY) 04/27/2017	Amount 50
Full Name of Contributor Boggs for Ohio			Registration Number, if PAC	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 04/27/2017	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)]