Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Chris Smith for Grandview		_			
Full Name of Contributor				Registration Number, if PAC	
Jerid Kurtz	·				
Street Address	Employer/Occ	upation/Labor Organization		Form (Cash, Check, etc.)	
2061 East 15th Street	- :	<u> </u>		Check	
Cleveland	State OH	Zip Code 44106	M D Y Y 0 4 B D 1 3	Amount \$25.00	
Full Name of Contributor			Registration Number, if	PAC	
Richard Graham					
Street Address	Employer/Occupation/Labor Organization*		<u> </u>	Form (Cash, Check, etc.)	
316 Blandford Drive				Check	
City Worthington	State OH	Zip Code 43085	0 5 0 1 1 3	Amount \$25.00	
Full Name of Contributor Bill Hedrick			Registration Number, if PAC		
Street Address 535 West 1st Avenue	Employer/Occs	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M D Y 0 5 0 1 1 3	Amount \$50.00	
Full Name of Contributor			Registration Number, if I	PAC	
John Kulewicz					
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
2104 Yorkshire Road		•		Check	
City Upper Arlington	State OH	Zip Code 43221	M D Y 0 4 3 0 1 3	Amount \$100.00	
Full Name of Contributor Andrew DiPalma	······································	<u> </u>	Registration Number, if F	AC	
Street Address	 -				
3982 Declaration Drive	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City	State	Zip Code	M D Y	Amount	
Gahanna	OH	43230	0 5 0 3 1 3	\$50.00	
Full Name of Contributor			Registration Number, if P	AC	
Scott Ellisar					
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
119 South Ardmore Road		· -		Check	
City	State	Zip Code	MDY	Amount	
Columbus	ОН	43209	050213	\$25.00	
Full Name of Contributor Joseph Lacey			Registration Number, if P.	AC .	
Street Address	Employer/Occur	nation/Labor Organization		Form (Cash, Check, etc.)	
207 East 6th Street #305	Employer/Occupation/Labor Organization			Check	
City Dayton	State OH	Zip Code 45402	0 5 0 2 1 3	Amount \$50.00	
Full Name of Contributor Sean Riley			Registration Number, if Pa	AC	
Street Address 32 Cyprus Creek Lane	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City	State	Zip Code	M D Y	Amount	
Hendersonville	NC	28791	0 5 0 6 1 3	\$50.00	

Page Total \$375.00

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)]