

BACKGROUND & SUMMARY INFORMATION

NAME CHRIS AMOROSE GROOMES FOR DUBLIN

STREET ADDRESS TWO MIRANOVA PLACE, 7TH FLOOR

CITY COLUMBUS STATE OH ZIP CODE 43215

OFFICE SOUGHT AT-LARGE CITY COUNSEL

NAME OF TREASURER BRUCE H. BURKHOLDER

TYPE OF REPORT

32 DAYS PRIOR TO ELECTION

11 DAYS PRIOR TO ELECTION

38 DAYS FOLLOWING ELECTION

Cumulative total of all contributions received,
from campaign start through current report
date

(from Statement of Contributions Received
total)

\$ 17,675.00

Cumulative value of all in-kind contributions received,
from campaign start through current report
date

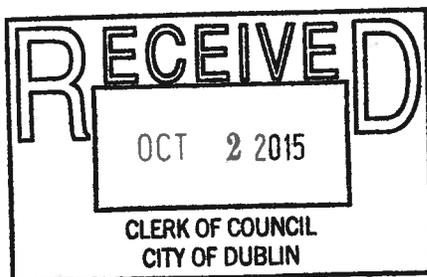
(from Statement of In-Kind Contributions Received
total)

\$ 3,021.62

Cumulative total of all expenditures made,
from campaign start through current report
date

(from Statement of Expenditures
total)

\$ 14,564.01

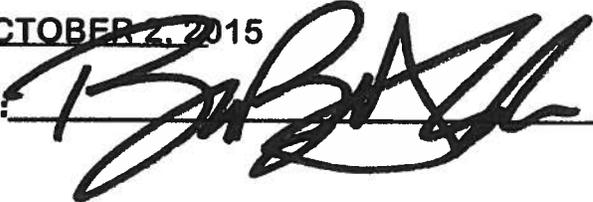


SIGNATURE

By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful and correct disclosure of all required information.

Name: BRUCE H. BURKHOLDER

Date: OCTOBER 2, 2015

Signature: 

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN						
Full Name of Contributor BRUCE BURKHOLDER					Registration Number, if PAC	
Street Address 10291 SYLVIAN DR		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 2 7	Y 1 5	Amount 250.00
Full Name of Contributor CAP CLEGG					Registration Number, if PAC	
Street Address 5334 McGinty CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City Dublin	State O H	Zip Code 43017	M 0 5	D 0 9	Y 1 5	Amount 250.00
Full Name of Contributor KATHY SPENCER					Registration Number, if PAC	
Street Address 8094 HOLYROOD CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 0 7	Y 1 5	Amount 75.00
Full Name of Contributor OHIOHEALTH STAR COPR - PAC					Registration Number, if PAC C00210617	
Street Address 180 E. BROAD STREET, 34TH FL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 0 6	D 0 9	Y 1 5	Amount 100.00
Full Name of Contributor MARGERY AMOROSE					Registration Number, if PAC	
Street Address 8150 WINCHCOMBE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43016	M 0 6	D 1 5	Y 1 5	Amount 250.00
Full Name of Contributor D.P. AMOROSE					Registration Number, if PAC	
Street Address 8150 WINCHCOMBE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43016	M 0 6	D 1 6	Y 1 5	Amount 250.00
Full Name of Contributor JOHN F. HARDT					Registration Number, if PAC	
Street Address 9839 EAGLE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City HUNTSVILLE	State O H	Zip Code 43324	M 0 6	D 1 6	Y 1 5	Amount 250.00
Full Name of Contributor MARGARET BUTLER					Registration Number, if PAC	
Street Address 5714 HADDINGTON DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 200.00

* 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 appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN						
Full Name of Contributor RICHARD CORNA				Registration Number, if PAC		
Street Address 8903 LEA CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 7	Y 1 5	Amount 100.00
Full Name of Contributor RICK J. SCHWIETERMAN				Registration Number, if PAC		
Street Address 8546 PRESTON MILL CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 7	Y 1 5	Amount 250.00
Full Name of Contributor RICHARD TAYLOR				Registration Number, if PAC		
Street Address 4500 BELLAIRE AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 250.00
Full Name of Contributor THOMAS HOLTON				Registration Number, if PAC		
Street Address 5957 ROUNDSTONE PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43016	M 0 6	D 1 6	Y 1 5	Amount 200.00
Full Name of Contributor JANIS B. DAVIDSON				Registration Number, if PAC		
Street Address 5163 CHAFFINCH CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 50.00
Full Name of Contributor ASRIEL STRIP				Registration Number, if PAC		
Street Address 5482 ARYSHIRE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 250.00
Full Name of Contributor STEVEN LUTZ				Registration Number, if PAC		
Street Address 6111 KARRER PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 100.00
Full Name of Contributor DONNA STEVENSON				Registration Number, if PAC		
Street Address 5529 ARYSHIRE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 50.00

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Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN							
Full Name of Contributor KATHLEEN GARDNER					Registration Number, if PAC		
Street Address 5955 DUNDON CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1 6 1 5	Amount 100.00	
Full Name of Contributor JOHN SUSIE					Registration Number, if PAC		
Street Address 8682 HAWICK CT N		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1 6 1 5	Amount 50.00	
Full Name of Contributor NIKKI HURTO					Registration Number, if PAC		
Street Address 5726 HADDINGTON DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1 6 1 5	Amount 50.00	
Full Name of Contributor BEVERLY FARLOW					Registration Number, if PAC		
Street Address 270 BRADENTON AVENUE, STE 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1 6 1 5	Amount 250.00	
Full Name of Contributor JENNIFER MONTE					Registration Number, if PAC		
Street Address 8880 LEA COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1 6 1 5	Amount 250.00	
Full Name of Contributor MICHAEL KEHOE					Registration Number, if PAC		
Street Address 6622 TANTALLON SQ		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 6	Y 1 6 1 5	Amount 250.00	
Full Name of Contributor JEFFREY HOLOWICKI					Registration Number, if PAC		
Street Address 6810 STILLHOUSE LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 6	Y 1 6 1 5	Amount 250.00	
Full Name of Contributor WOLFGANG DOERSCHLAG					Registration Number, if PAC		
Street Address 8958 LEA CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1 6 1 5	Amount 100.00	

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Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN							
Full Name of Contributor JAY B. EGGSPUEHLER					Registration Number, if PAC		
Street Address 7250 COFFMAN RD		Employer/Occupation/Labor Organization* LAWYER			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 100.00	
Full Name of Contributor CRAIG BARNUM					Registration Number, if PAC		
Street Address 35 N HIGH ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 100.00	
Full Name of Contributor TERRI CORATOLA					Registration Number, if PAC		
Street Address 8330 STRASBOURG CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 200.00	
Full Name of Contributor BRETT VAN BOURGONDIE					Registration Number, if PAC		
Street Address 6585 WESTON CIRCLE EAST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0 7	D 0 4	Y 1 5	Amount 250.00	
Full Name of Contributor PETER CORATOLA					Registration Number, if PAC		
Street Address 37 W. BRIDGE STREET, STE 105		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 0	Y 1 5	Amount 250.00	
Full Name of Contributor MICHAEL MORAN					Registration Number, if PAC		
Street Address 7056 SHADY NELMS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 1	Y 1 5	Amount 100.00	
Full Name of Contributor WILLIAM BROWNAS					Registration Number, if PAC		
Street Address 7365 BELLAIRE AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 7	Y 1 5	Amount 200.00	
Full Name of Contributor CRAIG ZIMMERS					Registration Number, if PAC		
Street Address 8864 NAIRN CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 7	Y 1 5	Amount 250.00	

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Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN									
Full Name of Contributor ROBIN CAMPBELL						Registration Number, if PAC			
Street Address 5565 BRAND ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) MONEYORDER		
City DUBLIN		State O H	Zip Code 43017		M 0 7	D 2 8	Y 1 5	Amount 100.00	
Full Name of Contributor CLARE SCOWDEN						Registration Number, if PAC			
Street Address 8196 WINCHCOMBE DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN		State O H	Zip Code 43016		M 0 7	D 2 8	Y 1 5	Amount 100.00	
Full Name of Contributor ROBERT BOICH						Registration Number, if PAC			
Street Address 7590 BELLAIRE AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL		
City DUBLIN		State O H	Zip Code 43017		M 0 7	D 2 8	Y 1 5	Amount 250.00	
Full Name of Contributor CHRISTINA HEINLIN						Registration Number, if PAC			
Street Address 6440 GREENSTONE LOOP			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL		
City DUBLIN		State O H	Zip Code 43016		M 0 7	D 2 8	Y 1 5	Amount 100.00	
Full Name of Contributor JAMES GEESE						Registration Number, if PAC			
Street Address 5550 ASHFORD RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN		State O H	Zip Code 43017		M 0 7	D 2 9	Y 1 5	Amount 250.00	
Full Name of Contributor KATHRYN ALLEN						Registration Number, if PAC			
Street Address 5753 HADDINGTON DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL		
City DUBLIN		State O H	Zip Code 43017		M 0 7	D 2 9	Y 1 5	Amount 250.00	
Full Name of Contributor SUZANNE WALKER						Registration Number, if PAC			
Street Address 7623 RIVERSIDE DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN		State O H	Zip Code 43016		M 0 7	D 3 0	Y 1 5	Amount 100.00	
Full Name of Contributor DAWN ANDERSON BUTCHER						Registration Number, if PAC			
Street Address 9882 ERIN WOODS DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN		State O H	Zip Code 43017		M 0 7	D 3 0	Y 1 5	Amount 250.00	

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Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN						
Full Name of Contributor ALVIN BORROMEO				Registration Number, if PAC		
Street Address 7757 FULMER DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3 0 1 5	Amount 25.00
Full Name of Contributor GREGORY J. BUTLER				Registration Number, if PAC		
Street Address 5714 HADDINGTON DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3 0 1 5	Amount 200.00
Full Name of Contributor J. ROBERT DARROW				Registration Number, if PAC		
Street Address 6461 GREENSTONE LOOP		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43016	M 0	D 7	Y 3 0 1 5	Amount 250.00
Full Name of Contributor LAURIE O ELSASS				Registration Number, if PAC		
Street Address 6177 ABBOTSFORD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3 0 1 5	Amount 75.00
Full Name of Contributor BRAD GABBARD				Registration Number, if PAC		
Street Address 8999 PORTOFINO PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43016	M 0	D 7	Y 3 0 1 5	Amount 100.00
Full Name of Contributor RONALD GEESE				Registration Number, if PAC		
Street Address 5584 BRAND RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3 0 1 5	Amount 250.00
Full Name of Contributor J.A. GODSEY				Registration Number, if PAC		
Street Address 240 PERTH DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3 0 1 5	Amount 100.00
Full Name of Contributor THOMAS KELLEY				Registration Number, if PAC		
Street Address 8595 MILMICHAEL CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3 0 1 5	Amount 150.00

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Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN							
Full Name of Contributor KEVIN KNEBEL						Registration Number, if PAC	
Street Address 5393 BENNINGTON HILLS DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43220	M 0 7	D 3 0	Y 1 5	Amount 200.00	
Full Name of Contributor WOLFGANG LANT						Registration Number, if PAC	
Street Address 6999 BEERY LANE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 3 0	Y 1 5	Amount 100.00	
Full Name of Contributor CYNTHIA LIMA						Registration Number, if PAC	
Street Address 7779 TILLINGHAST DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 3 0	Y 1 5	Amount 200.00	
Full Name of Contributor GREGORY MARQUIS						Registration Number, if PAC	
Street Address 7319 ROYCROFT CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 3 0	Y 1 5	Amount 100.00	
Full Name of Contributor RICHARD MALIR						Registration Number, if PAC	
Street Address 4967 GALWAY DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 3 0	Y 1 5	Amount 100.00	
Full Name of Contributor LAUREN MENNING						Registration Number, if PAC	
Street Address 6167 ABBOTSSFORD DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 3 0	Y 1 5	Amount 100.00	
Full Name of Contributor TERRY D. MOWREY						Registration Number, if PAC	
Street Address 9425 CULROSS CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 3 0	Y 1 5	Amount 200.00	
Full Name of Contributor CAROL ANN NEALE						Registration Number, if PAC	
Street Address 8308 TILLINGHAST DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 3 0	Y 1 5	Amount 75.00	

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Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN							
Full Name of Contributor CATHLEEN SIECH						Registration Number, if PAC	
Street Address 5917 TARTON CIRCLE S			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 7	D 3 0	Y 1 5	Amount 50.00
Full Name of Contributor J. THEODORE SMITH						Registration Number, if PAC	
Street Address 8155 GRAFTON END			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43016	M 0 7	D 3 0	Y 1 5	Amount 50.00
Full Name of Contributor JUDITH WILLIAMSON						Registration Number, if PAC	
Street Address 8029 HILLINGDON DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City POWELL		State O H	Zip Code 43065	M 0 7	D 3 0	Y 1 5	Amount 50.00
Full Name of Contributor JULIANA YOUNG						Registration Number, if PAC	
Street Address 5830 SETTLERS PLACE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 7	D 3 0	Y 1 5	Amount 100.00
Full Name of Contributor KRISTINE TRUCKERLY						Registration Number, if PAC	
Street Address 555 METRO PLACE N STE 550			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 7	D 3 1	Y 1 5	Amount 250.00
Full Name of Contributor ROB TRUCKERLY						Registration Number, if PAC	
Street Address 555 METRO PLACE N STE 550			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 7	D 3 1	Y 1 5	Amount 250.00
Full Name of Contributor KATHY L. HARRINGTON						Registration Number, if PAC	
Street Address 4258 TULLER RIDGE DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL	
City DUBLIN		State O H	Zip Code 43017	M 0 8	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor DONNA O'CONNOR						Registration Number, if PAC	
Street Address 5065 WINCHELL CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 8	D 0 4	Y 1 5	Amount 250.00

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Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN						
Full Name of Contributor BEVERLY A. TRABUE				Registration Number, if PAC		
Street Address 5888 LEVEN LINKS COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 8	D 1 7	Y 1 5	Amount 250.00
Full Name of Contributor JERRY L. TRABUE				Registration Number, if PAC		
Street Address 5888 LEVEN LINKS COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 8	D 1 7	Y 1 5	Amount 250.00
Full Name of Contributor JANE ENSIGN				Registration Number, if PAC		
Street Address 8833 BELISLE CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 8	D 2 7	Y 1 5	Amount 100.00
Full Name of Contributor DONALD HUNTER				Registration Number, if PAC		
Street Address 8120 TILLINGHAST DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 8	D 3 1	Y 1 5	Amount 250.00
Full Name of Contributor JODI RHODES				Registration Number, if PAC		
Street Address 6475 GREENSTONE LOOP		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43016	M 0 9	D 0 2	Y 1 5	Amount 100.00
Full Name of Contributor KEVIN MCCAULEY				Registration Number, if PAC		
Street Address 4076 PIONEER CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City POWELL	State O H	Zip Code 43065	M 0 9	D 0 1	Y 1 5	Amount 250.00
Full Name of Contributor KEITH TOMLINSON				Registration Number, if PAC		
Street Address 8550 TARTAN FIELDS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 100.00
Full Name of Contributor RONALD B. GARVEY				Registration Number, if PAC		
Street Address 5900 TARTAN CIRCLE S		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN						
Full Name of Contributor MONICA G. SMITH				Registration Number, if PAC		
Street Address 8155 GRAFTON END		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43016	M 0 9	D 0 2	Y 1 5	Amount 25.00
Full Name of Contributor MARK MCHUGH				Registration Number, if PAC		
Street Address 6294 TWONOTCH CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43016	M 0 9	D 0 2	Y 1 5	Amount 150.00
Full Name of Contributor STAVROFF INTERESTS LTD.				Registration Number, if PAC		
Street Address 565 METRO PLACE S.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor ANN MLICKI				Registration Number, if PAC		
Street Address 5350 RESERVE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor DAVID MLICKI				Registration Number, if PAC		
Street Address 5350 RESERVE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor MATTHEW CALLAHAN				Registration Number, if PAC		
Street Address 5782 TARTON CRICLE N.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 100.00
Full Name of Contributor JOHN ROYER				Registration Number, if PAC		
Street Address 1480 DUBLIN ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor UNDERHILL YAROSS LLC				Registration Number, if PAC		
Street Address 8000 WALTON PKWY STE 260		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State O H	Zip Code 43054	M 0 9	D 0 2	Y 1 5	Amount 100.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN							
Full Name of Contributor DEBBIE S. RICHARDS						Registration Number, if PAC	
Street Address 7290 CONCORD BEND DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City POWELL		State O H	Zip Code 43065	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor CHARLES DRISCOLL						Registration Number, if PAC	
Street Address 905 BABBINGTON CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WESTERVILLE		State O H	Zip Code 43081	M 0 9	D 0 2	Y 1 5	Amount 200.00
Full Name of Contributor ROBERT U. MILLER						Registration Number, if PAC	
Street Address 5658 LOCH BROOM CIR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 100.00
Full Name of Contributor CARA S. ALBRIGHT						Registration Number, if PAC	
Street Address 8145 TIMBLE FALLS DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43016	M 0 9	D 0 2	Y 1 5	Amount 50.00
Full Name of Contributor DAVID A. PHILLIPS						Registration Number, if PAC	
Street Address 7180 COVENTRY WOODS CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor KENT J. PODOBINSKI						Registration Number, if PAC	
Street Address 8162 SUMMERHOUSE DR W.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43016	M 0 9	D 0 2	Y 1 5	Amount 100.00
Full Name of Contributor JULIE S. BACOME						Registration Number, if PAC	
Street Address 5400 MUIRFIELD CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor PAUL G. GHIDOTTI						Registration Number, if PAC	
Street Address 6840 MACNEIL DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN							
Full Name of Contributor KEVIN F. EICHNER					Registration Number, if PAC		
Street Address 9251 DIN EIDYN DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 50.00
Full Name of Contributor STEVEN J. SIMONETTI					Registration Number, if PAC		
Street Address 7115 CALABRIA PLACE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43016	M 0 9	D 0 3	Y 1 5	Amount 100.00
Full Name of Contributor SUZANNE L. GRABILL					Registration Number, if PAC		
Street Address 2970 ARBUCKLE RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City LONDON		State O H	Zip Code 43140	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor PATRICK M. GRABILL					Registration Number, if PAC		
Street Address 2970 ARBUCKLE RD N.W.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City LONDON		State O H	Zip Code 43140	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor TODD D. FOLLMER					Registration Number, if PAC		
Street Address 10696 ABINGTON PL			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City POWELL		State O H	Zip Code 43065	M 0 9	D 0 2	Y 1 5	Amount 100.00
Full Name of Contributor ASHLEY L. BOICH					Registration Number, if PAC		
Street Address 4435 BELLAIRE AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor JEFFREY D. STAVROFF					Registration Number, if PAC		
Street Address 7078 DUBLIN RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00
Full Name of Contributor FRANK STAVROFF					Registration Number, if PAC		
Street Address 5593 PRESTON MILL WAY			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN							
Full Name of Contributor MELISSA A. MCCAULEY					Registration Number, if PAC		
Street Address 4076 PIONEER CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City POWELL	State O H	Zip Code 43065	M 0	D 9	Y 0	Amount 250.00	
Full Name of Contributor STANLEY A. MALATESTA					Registration Number, if PAC		
Street Address 4457 MASTERS DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0	D 9	Y 1	Amount 250.00	
Full Name of Contributor KARI B. HERTEL					Registration Number, if PAC		
Street Address 4607 WUERTZ CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor JANICE M WALTON-ROZANSKI					Registration Number, if PAC		
Street Address 8038 TIPPERARY CT N		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State OH	Zip Code 43017	M 0	D 9	Y 0	Amount 150.00	
Full Name of Contributor CATHY J. ANDREWS					Registration Number, if PAC		
Street Address 6024 GLENFINNAN CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 2	Amount 100.00	
Full Name of Contributor CENTRAL OHIO REALTORS PAC					Registration Number, if PAC 31-172-1082		
Street Address 2700 AIRPORT DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43219	M 0	D 9	Y 1	Amount 250.00	
Full Name of Contributor BIA BUILD PAC OF CENTRAL OHIO					Registration Number, if PAC N/A LOCAL PAC		
Street Address 495 EXECUTIVE CAMPUS DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 0	D 9	Y 2	Amount 250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
CHRIS AMOROSE GROOMES FOR DUBLIN				
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
CD BUTCHER				
Street Address		Description of Item or Service		M D Y Fair Market Value
9882 ERIN WOODS DRIVE		FOOD & BEVERAGES		0 9 1 8 1 5 165.00
City		State Zip Code		Received at Fundraising Event?
DUBLIN		OH 43017		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
MIKE CLOSE				
Street Address		Description of Item or Service		M D Y Fair Market Value
7360 BELLAIRE AVE		FOOD & BEVERAGES		0 7 3 0 1 5 175.00
City		State Zip Code		Received at Fundraising Event?
DUBLIN		OH 43017		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
CHRIS CLOSE				
Street Address		Description of Item or Service		M D Y Fair Market Value
7360 BELLAIRE AVE		FOOD & BEVERAGES		0 7 3 0 1 5 175.00
City		State Zip Code		Received at Fundraising Event?
DUBLIN		OH 43017		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
PAGE VORNBROCK				
Street Address		Description of Item or Service		M D Y Fair Market Value
8963 LEA CT		FOOD & BEVERAGES		0 6 1 6 1 5 107.60
City		State Zip Code		Received at Fundraising Event?
DUBLIN		OH 43017		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
CHERYL VORNBROCK				
Street Address		Description of Item or Service		M D Y Fair Market Value
8963 LEA CT		FOOD & BEVERAGES		0 6 1 6 1 5 107.60
City		State Zip Code		Received at Fundraising Event?
DUBLIN		OH 43017		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
ALLI CLOSE				
Street Address		Description of Item or Service		M D Y Fair Market Value
7630 BELLAIRE		FOOD & BEVERAGES		0 9 2 5 1 5 246.00
City		State Zip Code		Received at Fundraising Event?
DUBLIN		OH 43017		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
RION CLOSE				
Street Address		Description of Item or Service		M D Y Fair Market Value
7630 BELLAIRE		FOOD & BEVERAGES		0 9 2 5 1 5 246.00
City		State Zip Code		Received at Fundraising Event?
DUBLIN		OH 43017		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
SUSAN SMILEY				
Street Address		Description of Item or Service		M D Y Fair Market Value
5598 PRESTON MILL WAY		FOOD & BEVERAGES		0 6 1 6 1 5 223.22
City		State Zip Code		Received at Fundraising Event?
DUBLIN		OH 43017		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN				
Full Name of Contributor SAM SMILEY		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 5598 PRESTON MILL WAY		Description of Item or Service FOOD & BEVERAGES		M D Y Fair Market Value 0 6 1 6 1 5 223.22
City DUBLIN		State Zip Code OH 43017		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor CHRIS AMOROSE GROOMES		Employer, Occupation, Labor Organization * AT- LARGE CANDIDATE		Registration Number, if PAC
Street Address TWO MIRANOVA PLACE, 7TH FL		Description of Item or Service MAILINGS		M D Y Fair Market Value 0 6 2 1 1 5 59.40
City COLUMBUS		State Zip Code OH 43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor CHRIS AMOROSE GROOMES		Employer, Occupation, Labor Organization * AT- LARGE CANDIDATE		Registration Number, if PAC
Street Address TWO MIRANOVA PLACE, 7TH FL		Description of Item or Service FOOD & BEVERAGES		M D Y Fair Market Value 0 6 2 8 1 5 712.50
City COLUMBUS		State Zip Code OH 43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor CHRIS AMOROSE GROOMES		Employer, Occupation, Labor Organization * AT- LARGE CANDIDATE		Registration Number, if PAC
Street Address TWO MIRANOVA PLACE, 7TH FL		Description of Item or Service MARKETING		M D Y Fair Market Value 0 9 2 1 1 5 503.57
City COLUMBUS		State Zip Code OH 43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor CHRIS AMOROSE GROOMES		Employer, Occupation, Labor Organization * AT- LARGE CANDIDATE		Registration Number, if PAC
Street Address TWO MIRANOVA PLACE, 7TH FL		Description of Item or Service PRINTING		M D Y Fair Market Value 0 8 1 9 1 5 77.51
City COLUMBUS		State Zip Code OH 43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State Zip Code		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State Zip Code		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State Zip Code		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN						
To Whom Paid ISAAC WILES			M	D	Y	Amount
			0	6	2	7
			1	5		85.00
Address TWO MIRANOVA PLACE		Purpose CANDACY FILING				
City COLUMBUS	State O	H	Zip Code 43215	Check Number 1001		
To Whom Paid R SQUARED COMMUNICATIONS			M	D	Y	Amount
			0	6	2	7
			1	5		300.00
Address 7145 ABBEY MARIE CT		Purpose WEBSITE DESIGN				
City DUBLIN	State O	H	Zip Code 43017	Check Number 1002		
To Whom Paid LORI ZAMBITO			M	D	Y	Amount
			0	8	0	3
			1	5		280.00
Address 2211 KILLDEER PLACE		Purpose MARKETING				
City GALENA	State O	H	Zip Code 43021	Check Number 1003		
To Whom Paid CALLARD PROMOTIONAL			M	D	Y	Amount
			0	8	0	4
			1	5		1,831.02
Address 5780 ZARLEY STREET, SUITE B		Purpose MARKETING				
City NEW ALBANY	State O	H	Zip Code 43054	Check Number 1004		
To Whom Paid CALLARD PROMOTIONAL			M	D	Y	Amount
			0	8	0	4
			1	5		2,408.87
Address 5780 ZARLEY STREET, SUITE B		Purpose MARKETING				
City NEW ALBANY	State O	H	Zip Code 43054	Check Number 1005		
To Whom Paid LORI ZAMBITO			M	D	Y	Amount
			0	8	0	4
			1	5		373.75
Address 2211 KILLDEER PLACE		Purpose MARKETING				
City GALENA	State O	H	Zip Code 43021	Check Number 1006		
To Whom Paid PROFORMA			M	D	Y	Amount
			0	8	2	1
			1	5		537.30
Address PO BOX 640814		Purpose MARKETING MERCHANDISE				
City CINCINNATI	State O	H	Zip Code 45264	Check Number 1007		
To Whom Paid PROFORMA			M	D	Y	Amount
			0	8	2	1
			1	5		107.06
Address PO BOX 640814		Purpose MARKETING MERCHANDISE				
City CINCINNATI	State O	H	Zip Code 45264	Check Number 1008		

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN							
To Whom Paid PERFORMANCE PRINTING				M	D	Y	Amount
				0	9	2	3
				1	5		4,810.63
Address 7652 SAWMILL ROAD, PMB 349		Purpose SIGNS & MAILINGS					
City DUBLIN	State O H	Zip Code 43017	Check Number 1009				
To Whom Paid PERFORMANCE PRINTING				M	D	Y	Amount
				0	9	2	3
				1	5		861.49
Address 7652 SAWMILL ROAD, PMB 349		Purpose SIGNS & MAILINGS					
City DUBLIN	State O H	Zip Code 43017	Check Number 1010				
To Whom Paid PERFORMANCE PRINTING				M	D	Y	Amount
				0	9	2	4
				1	5		166.09
Address 7652 SAWMILL ROAD, PMB 349		Purpose SIGNS & MAILINGS					
City DUBLIN	State O H	Zip Code 43017	Check Number 1011				
To Whom Paid PERFORMANCE PRINTING				M	D	Y	Amount
				0	9	2	4
				1	5		311.69
Address 7652 SAWMILL ROAD, PMB 349		Purpose SIGNS & MAILINGS					
City DUBLIN	State O H	Zip Code 43017	Check Number 1012				
To Whom Paid PERFORMANCE PRINTING				M	D	Y	Amount
				1	0	0	1
				1	5		452.34
Address 7652 SAWMILL ROAD, PMB 349		Purpose SIGNS & MAILINGS					
City DUBLIN	State O H	Zip Code 43017	Check Number 1013				
To Whom Paid MURIFIELD VILLAGE GOLF CLUB				M	D	Y	Amount
				1	0	0	1
				1	5		1,548.77
Address 5750 MEMORIAL DRIVE		Purpose FOOD & BEVERAGE					
City DUBLIN	State O H	Zip Code 43017	Check Number 1014				
To Whom Paid UNITED STATES POSTAL SERVICE				M	D	Y	Amount
				1	0	0	1
				1	5		490.00
Address 715 SHAWAN FALLS		Purpose POSTAGE					
City DUBLIN	State O H	Zip Code 43017	Check Number 1015				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				