



**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)

\$ 20,611.70

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

(from Statement of In-Kind Contributions Received  
total)

\$ 5,212.20

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

(from Statement of Expenditures  
total)

\$ 17,850.85

**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 Buckholder

Date: 12-11-15

Signature: 

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

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

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

\* 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 <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>						
Full Name of Contributor <b>KATHLEEN B. GARDNER</b>				Registration Number, if PAC		
Street Address <b>5595 DUNDON CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>6</b>	Y <b>1   6   1   5</b>	Amount <b>100.00</b>
Full Name of Contributor <b>JOHN D. SUSIE</b>				Registration Number, if PAC		
Street Address <b>8682 HAWICK CT N</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>6</b>	Y <b>1   6   1   5</b>	Amount <b>50.00</b>
Full Name of Contributor <b>NIKKI M. HURTO</b>				Registration Number, if PAC		
Street Address <b>5726 HADDINGTON DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>6</b>	Y <b>1   6   1   5</b>	Amount <b>50.00</b>
Full Name of Contributor <b>BEVERLY J. FARLOW</b>				Registration Number, if PAC		
Street Address <b>270 BRADENTON AVENUE, STE 100</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>6</b>	Y <b>1   6   1   5</b>	Amount <b>250.00</b>
Full Name of Contributor <b>JENNIFER R. MONTE</b>				Registration Number, if PAC		
Street Address <b>8880 LEA COURT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>6</b>	Y <b>1   6   1   5</b>	Amount <b>250.00</b>
Full Name of Contributor <b>MICHAEL E. KEHOE</b>				Registration Number, if PAC		
Street Address <b>6622 TANTALLON SQ</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>6</b>	Y <b>1   6   1   5</b>	Amount <b>250.00</b>
Full Name of Contributor <b>JEFFREY J. HOLOWICKI</b>				Registration Number, if PAC		
Street Address <b>6810 STILLHOUSE LN</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>6</b>	Y <b>1   6   1   5</b>	Amount <b>250.00</b>
Full Name of Contributor <b>WOLFGANG DOERSCHLAG</b>				Registration Number, if PAC		
Street Address <b>8958 LEA CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>6</b>	Y <b>1   6   1   5</b>	Amount <b>100.00</b>

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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						Registration Number, if PAC			
JAY B. EGGSPUEHLER									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
7250 COFFMAN RD			LAWYER			CHECK			
City		State	Zip Code		M	D	Y	Amount	
DUBLIN		O   H	43017		0   6	1   6	1   5	100.00	
Full Name of Contributor						Registration Number, if PAC			
CRAIG BARNUM									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
35 N HIGH ST						CASH			
City		State	Zip Code		M	D	Y	Amount	
DUBLIN		O   H	43017		0   6	1   6	1   5	100.00	
Full Name of Contributor						Registration Number, if PAC			
TERRI CORATOLA [*\$100 Returned/ See Expenditures]									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
8330 STRASBOURG CT						CASH			
City		State	Zip Code		M	D	Y	Amount	
DUBLIN		O   H	43017		0   6	1   6	1   5	200.00	
Full Name of Contributor						Registration Number, if PAC			
BRETT VAN BOURGONDIIEN									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6585 WESTON CIRCLE EAST						CHECK			
City		State	Zip Code		M	D	Y	Amount	
DUBLIN		O   H	43016		0   7	0   4	1   5	250.00	
Full Name of Contributor						Registration Number, if PAC			
PETER L. CORATOLA SR.									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
37 W. BRIDGE STREET, STE 105						CHECK			
City		State	Zip Code		M	D	Y	Amount	
DUBLIN		O   H	43017		0   7	2   0	1   5	250.00	
Full Name of Contributor						Registration Number, if PAC			
MICHAEL J. MORAN									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
7056 SHADY NELMS DR						CHECK			
City		State	Zip Code		M	D	Y	Amount	
DUBLIN		O   H	43017		0   7	2   1	1   5	100.00	
Full Name of Contributor						Registration Number, if PAC			
WILLIAM T. BROWNAS									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
7365 BELLAIRE AVE						CHECK			
City		State	Zip Code		M	D	Y	Amount	
DUBLIN		O   H	43017		0   7	2   7	1   5	200.00	
Full Name of Contributor						Registration Number, if PAC			
CRAIG L. ZIMMERS									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
8864 NAIRN CT						CHECK			
City		State	Zip Code		M	D	Y	Amount	
DUBLIN		O   H	43017		0   7	2   7	1   5	250.00	

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>						
Full Name of Contributor <b>ROBIN CAMPBELL</b>				Registration Number, if PAC		
Street Address <b>5565 BRAND ROAD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>MONEYORDER</b>	
City <b>DUBLIN</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>
Full Name of Contributor <b>CLARE A. SCOWDEN</b>				Registration Number, if PAC		
Street Address <b>8196 WINCHCOMBE DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>
Full Name of Contributor <b>ROBERT BOICH</b>				Registration Number, if PAC		
Street Address <b>7590 BELLAIRE AVE</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 250.00 - Fee 7.55</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>	
City <b>DUBLIN</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>242.45</b>
Full Name of Contributor <b>CHRISTINA HEINLEN</b>				Registration Number, if PAC		
Street Address <b>6440 GREENSTONE LOOP</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 100.00 - Fee 3.20</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>	
City <b>DUBLIN</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>96.80</b>
Full Name of Contributor <b>JAMES W. GEESE</b>				Registration Number, if PAC		
Street Address <b>5550 ASHFORD RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>250.00</b>
Full Name of Contributor <b>KATHRYN J. ALLEN</b>				Registration Number, if PAC		
Street Address <b>5753 HADDINGTON DRIVE</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 250.00 - Fee 7.55</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>	
City <b>DUBLIN</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>242.45</b>
Full Name of Contributor <b>SUZANNE L. WALKER</b>				Registration Number, if PAC		
Street Address <b>7623 RIVERSIDE DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>100.00</b>
Full Name of Contributor <b>DAWN ANDERSON BUTCHER</b>				Registration Number, if PAC		
Street Address <b>9882 ERIN WOODS DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>250.00</b>

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

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

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

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

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>						
Full Name of Contributor <b>CATHLEEN C. SIECH</b>				Registration Number, if PAC		
Street Address <b>5917 TARTON CIRCLE S</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>50.00</b>
Full Name of Contributor <b>J. THEODORE SMITH</b>				Registration Number, if PAC		
Street Address <b>8155 GRAFTON END</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>50.00</b>
Full Name of Contributor <b>JUDITH WILLIAMSON</b>				Registration Number, if PAC		
Street Address <b>8029 HILLINGDON DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>POWELL</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>50.00</b>
Full Name of Contributor <b>JULIANA B. YOUNG</b>				Registration Number, if PAC		
Street Address <b>5830 SETTLERS PLACE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>100.00</b>
Full Name of Contributor <b>KRISTINE TRUCKLY</b>				Registration Number, if PAC		
Street Address <b>555 METRO PLACE N STE 550</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>250.00</b>
Full Name of Contributor <b>ROB TRUCKLY</b>				Registration Number, if PAC		
Street Address <b>555 METRO PLACE N STE 550</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>250.00</b>
Full Name of Contributor <b>KATHY L. HARRINGTON</b>				Registration Number, if PAC		
Street Address <b>4258 TULLER RIDGE DR</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 250.00 - Fee 7.55</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>242.45</b>
Full Name of Contributor <b>DONNA O'CONNOR</b>				Registration Number, if PAC		
Street Address <b>5065 WINCHELL CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>250.00</b>

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

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

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>							
Full Name of Contributor <b>MONICA G. SMITH</b>					Registration Number, if PAC		
Street Address <b>8155 GRAFTON END</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>MARK MCHUGH</b>					Registration Number, if PAC		
Street Address <b>6294 TWONOTCH CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>STAVROFF INTEREST'S LTD.</b>					Registration Number, if PAC		
Street Address <b>565 METRO PLACE S., SUITE 480</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>ANN B. MLICKI</b>					Registration Number, if PAC		
Street Address <b>5350 RESERVE DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>DAVID J. MLICKI</b>					Registration Number, if PAC		
Street Address <b>5350 RESERVE DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>MATTHEW J. CALLAHAN</b>					Registration Number, if PAC		
Street Address <b>5782 TARTON CRICLE N.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>JOHN W. ROYER</b>					Registration Number, if PAC		
Street Address <b>1480 DUBLIN ROAD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>UNDERHILL YAROSS LLC</b>					Registration Number, if PAC		
Street Address <b>8000 WALTON PKWY STE 260</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>NEW ALBANY</b>	State <b>O   H</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>100.00</b>	

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>						
Full Name of Contributor <b>DEBBIE S. RICHARDS</b>				Registration Number, if PAC		
Street Address <b>7290 CONCORD BEND DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>POWELL</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>9</b>	Y <b>0215</b>	Amount <b>250.00</b>
Full Name of Contributor <b>CHARLES P. DRISCOLL</b>				Registration Number, if PAC		
Street Address <b>905 BABBINGTON CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>WESTERVILLE</b>	State <b>O   H</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>9</b>	Y <b>0215</b>	Amount <b>200.00</b>
Full Name of Contributor <b>ROBERT U. MILLER</b>				Registration Number, if PAC		
Street Address <b>5658 LOCH BROOM CIR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>0215</b>	Amount <b>100.00</b>
Full Name of Contributor <b>CARA S. ALBRIGHT</b>				Registration Number, if PAC		
Street Address <b>8145 TIMBLE FALLS DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>9</b>	Y <b>0215</b>	Amount <b>50.00</b>
Full Name of Contributor <b>DAVID A. PHILLIPS</b>				Registration Number, if PAC		
Street Address <b>7180 COVENTRY WOODS CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>0215</b>	Amount <b>250.00</b>
Full Name of Contributor <b>KENT J. PODOBINSKI</b>				Registration Number, if PAC		
Street Address <b>8162 SUMMERHOUSE DR W.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>9</b>	Y <b>0215</b>	Amount <b>100.00</b>
Full Name of Contributor <b>JULIE S. BACOME</b>				Registration Number, if PAC		
Street Address <b>5400 MUIRFIELD CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>0215</b>	Amount <b>250.00</b>
Full Name of Contributor <b>PAUL G. GHIDOTTI</b>				Registration Number, if PAC		
Street Address <b>6840 MACNEIL DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>0215</b>	Amount <b>250.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

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

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>							
Full Name of Contributor <b>MELISSA A. MCCAULEY</b>				Registration Number, if PAC			
Street Address <b>4076 PIONEER CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>POWELL</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>1</b>	Amount <b>250.00</b>
Full Name of Contributor <b>STANLEY A. MALATESTA</b>				Registration Number, if PAC			
Street Address <b>4457 MASTERS DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>UPPER ARLINGTON</b>	State <b>O   H</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>250.00</b>
Full Name of Contributor <b>KARI B. HERTEL</b>				Registration Number, if PAC			
Street Address <b>4607 WUERTZ CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>50.00</b>
Full Name of Contributor <b>JANICE M WALTON-ROZANSKI</b>				Registration Number, if PAC			
Street Address <b>8038 TIPPERARY CT N</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>1</b>	Amount <b>150.00</b>
Full Name of Contributor <b>CATHY J. ANDREWS</b>				Registration Number, if PAC			
Street Address <b>6024 GLENFINNAN CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>1</b>	Amount <b>100.00</b>
Full Name of Contributor <b>CENTRAL OHIO REALTORS PAC</b>				Registration Number, if PAC <b>31-172-1082</b>			
Street Address <b>2700 AIRPORT DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>8</b>	Amount <b>250.00</b>
Full Name of Contributor <b>BIA BUILD PAC OF CENTRAL OHIO</b>				Registration Number, if PAC <b>N/A LOCAL PAC</b>			
Street Address <b>495 EXECUTIVE CAMPUS DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>WESTERVILLE</b>	State <b>O   H</b>	Zip Code <b>43082</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>9</b>	Amount <b>250.00</b>
Full Name of Contributor <b>PAUL A. GELPI</b>				Registration Number, if PAC			
Street Address <b>1535 BETHEL RD.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>9</b>	Amount <b>250.00</b>

\* 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 <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>							
Full Name of Contributor <b>S. KEMPER</b>					Registration Number, if PAC		
Street Address <b>8031 CROSSGATE CT. S.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>		State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>250.00</b>
Full Name of Contributor <b>MARIAN E. GELPI</b>					Registration Number, if PAC		
Street Address <b>7195 RIVERSIDE DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>		State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>250.00</b>
Full Name of Contributor <b>JEROLD H. HAINES</b>					Registration Number, if PAC		
Street Address <b>5849 LEVEN LINKS CT.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>		State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>
Full Name of Contributor <b>WILLIAM P. CSEPLO</b>					Registration Number, if PAC		
Street Address <b>28571 CALABRIA COURT, NO 102</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>NAPLES</b>		State <b>F   L</b>	Zip Code <b>34110</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>125.00</b>
Full Name of Contributor <b>CHARLES W. KRANSTUBER</b>					Registration Number, if PAC		
Street Address <b>5512 CAPLESTONE LANE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>		State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>THE ISAAC WILES POLITICAL ACTION COMMITTEE</b>					Registration Number, if PAC <b>CP-1058</b>		
Street Address <b>2 MIRANOVA PLACE, SUITE 700</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>250.00</b>
Full Name of Contributor <b>STEVEN DRITZ</b>					Registration Number, if PAC		
Street Address <b>5174 FOREST RUN DRIVE</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 50.00 - Fee 3.45</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>		
City <b>DUBLIN</b>		State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>46.55</b>
Full Name of Contributor <b>JEFFREY SMITH</b>					Registration Number, if PAC		
Street Address <b>7226 SPRINGVIEW LANE</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 150.00 - Fee 4.65</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>		
City <b>DUBLIN</b>		State <b>O   H</b>	Zip Code <b>43016</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>145.35</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>						
Full Name of Contributor <b>PEIGI HANSON</b>				Registration Number, if PAC		
Street Address <b>8077 CROSSGATE COURT SOUTH</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 250.00 - Fee 7.55</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0   9</b>	D <b>0   9</b>	Y <b>1   5</b>	Amount <b>242.45</b>
Full Name of Contributor <b>DAVID DREES</b>				Registration Number, if PAC		
Street Address <b>1432 ELMWOOD AVENUE</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 50.00 - Fee 1.75</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43212</b>	M <b>0   8</b>	D <b>1   3</b>	Y <b>1   5</b>	Amount <b>48.25</b>
Full Name of Contributor <b>VIRGIL TEMPLE</b>				Registration Number, if PAC		
Street Address <b>8173 BALLOCH CT</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 100.00 - Fee 3.20</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0   8</b>	D <b>1   3</b>	Y <b>1   5</b>	Amount <b>96.80</b>
Full Name of Contributor <b>JASON LAUDICK</b>				Registration Number, if PAC		
Street Address <b>8708 TAYPORT DRIVE</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 250.00 - Fee 7.55</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   5</b>	Amount <b>242.45</b>
Full Name of Contributor <b>DANIEL J. SUTPHEN</b>				Registration Number, if PAC		
Street Address <b>5832 LEVEN LINK CT</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 250.00 - Fee 7.55</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1   0</b>	D <b>1   8</b>	Y <b>1   5</b>	Amount <b>250.00</b>
Full Name of Contributor <b>ALLISON M. SWEENEY</b>				Registration Number, if PAC		
Street Address <b>6987 GRANDEE CLIFFS DR.</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 250.00 - Fee 7.55</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>1   0</b>	D <b>1   8</b>	Y <b>1   5</b>	Amount <b>50.00</b>
Full Name of Contributor <b>PETER J. MONAGHAN</b>				Registration Number, if PAC		
Street Address <b>6959 PILAR COURT</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 250.00 - Fee 7.55</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1   0</b>	D <b>0   6</b>	Y <b>1   5</b>	Amount <b>50.00</b>
Full Name of Contributor <b>DAVID MATTHEWS</b>				Registration Number, if PAC		
Street Address <b>7177 DUBLIN ROAD</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 100.00 - Fee 3.20</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1   0</b>	D <b>2   2</b>	Y <b>1   5</b>	Amount <b>96.80</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>						
Full Name of Contributor <b>PHILIP CAMPISI</b>				Registration Number, if PAC		
Street Address <b>9999 BREWSTER LANE</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 200.00 - Fee 6.10</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>	
City <b>POWELL</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>1   0</b>	D <b>2   6</b>	Y <b>1   5</b>	Amount <b>193.90</b>
Full Name of Contributor <b>F. SCOTT TRAVIS</b>				Registration Number, if PAC		
Street Address <b>5881 LEVEN LINKS CT.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1   1</b>	D <b>0   1</b>	Y <b>1   5</b>	Amount <b>200.00</b>
Full Name of Contributor <b>STUART W. HARRIS</b>				Registration Number, if PAC		
Street Address <b>4634 BRIDLE PATH LANE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1   0</b>	D <b>2   0</b>	Y <b>1   5</b>	Amount <b>25.00</b>
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
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
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
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
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

\* 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)]

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

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

\* 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)]

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>				
Full Name of Contributor <b>SAM SMILEY</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5598 PRESTON MILL WAY</b>		Description of Item or Service <b>FOOD &amp; BEVERAGES</b>		M   D   Y   Fair Market Value 0   6   1   6   1   5   223.22
City <b>DUBLIN</b>		State   Zip Code <input type="radio"/>   H   43017		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>CHRIS AMOROSE GROOMES</b>		Employer, Occupation, Labor Organization * <b>AT- LARGE CANDIDATE</b>		Registration Number, if PAC
Street Address <b>TWO MIRANOVA PLACE, 7TH FL</b>		Description of Item or Service <b>MAILINGS</b>		M   D   Y   Fair Market Value 0   6   2   1   1   5   59.40
City <b>COLUMBUS</b>		State   Zip Code <input type="radio"/>   H   43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>CHRIS AMOROSE GROOMES</b>		Employer, Occupation, Labor Organization * <b>AT- LARGE CANDIDATE</b>		Registration Number, if PAC
Street Address <b>TWO MIRANOVA PLACE, 7TH FL</b>		Description of Item or Service <b>FOOD &amp; BEVERAGES</b>		M   D   Y   Fair Market Value 0   6   2   8   1   5   712.50
City <b>COLUMBUS</b>		State   Zip Code <input type="radio"/>   H   43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>CHRIS AMOROSE GROOMES</b>		Employer, Occupation, Labor Organization * <b>AT- LARGE CANDIDATE</b>		Registration Number, if PAC
Street Address <b>TWO MIRANOVA PLACE, 7TH FL</b>		Description of Item or Service <b>MARKETING</b>		M   D   Y   Fair Market Value 0   9   2   1   1   5   503.57
City <b>COLUMBUS</b>		State   Zip Code <input type="radio"/>   H   43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>CHRIS AMOROSE GROOMES</b>		Employer, Occupation, Labor Organization * <b>AT- LARGE CANDIDATE</b>		Registration Number, if PAC
Street Address <b>TWO MIRANOVA PLACE, 7TH FL</b>		Description of Item or Service <b>PRINTING</b>		M   D   Y   Fair Market Value 0   8   1   9   1   5   77.51
City <b>COLUMBUS</b>		State   Zip Code <input type="radio"/>   H   43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>ROGER C. RABOLD</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5065 WINCHELL COURT</b>		Description of Item or Service <b>FOOD &amp; BEVERAGES</b>		M   D   Y   Fair Market Value 1   0   0   2   1   5   55.00
City <b>DUBLIN</b>		State   Zip Code <input type="radio"/>   H   43017		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>KATHLEEN KEMP</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>8042 HOLYROOD COURT</b>		Description of Item or Service <b>FOOD &amp; BEVERAGES</b>		M   D   Y   Fair Market Value 0   6   0   5   1   5   247.50
City <b>DUBLIN</b>		State   Zip Code <input type="radio"/>   H   43017		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>LEN KEMP</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>8042 HOLYROOD COURT</b>		Description of Item or Service <b>FOOD &amp; BEVERAGES</b>		M   D   Y   Fair Market Value 0   6   0   5   1   5   247.50
City <b>DUBLIN</b>		State   Zip Code <input type="radio"/>   H   43017		Received at Fundraising Event? <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 <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>				
Full Name of Contributor <b>AMOROSE LANDSCAPE SERVICES</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5896 LEVIN LINKS CT.</b>		Description of Item or Service <b>FOOD &amp; BEVERAGES</b>		M   D   Y   Fair Market Value <b>0   4   2   2   1   5   144.11</b>
City <b>DUBLIN</b>		State   Zip Code <b>O   H   43017</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>AMOROSE LANDSCAPE SERVICES</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5896 LEVIN LINKS CT.</b>		Description of Item or Service <b>FOOD &amp; BEVERAGES</b>		M   D   Y   Fair Market Value <b>0   6   0   4   1   5   71.37</b>
City <b>DUBLIN</b>		State   Zip Code <b>O   H   43017</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>CHRIS AMOROSE GROOMES</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5896 LEVIN LINKS CT.</b>		Description of Item or Service <b>PRINTING</b>		M   D   Y   Fair Market Value <b>0   4   2   3   1   5   138.23</b>
City <b>DUBLIN</b>		State   Zip Code <b>O   H   43017</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>CHRIS AMOROSE GROOMES</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5896 LEVIN LINKS CT.</b>		Description of Item or Service <b>FOOD &amp; BEVERAGES</b>		M   D   Y   Fair Market Value <b>0   4   2   3   1   5   330.00</b>
City <b>DUBLIN</b>		State   Zip Code <b>O   H   43017</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>CHRIS AMOROSE GROOMES</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5896 LEVIN LINKS CT.</b>		Description of Item or Service <b>MAILING SUPPLIES</b>		M   D   Y   Fair Market Value <b>0   6   1   5   1   5   25.16</b>
City <b>DUBLIN</b>		State   Zip Code <b>O   H   43017</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>CHRIS AMOROSE GROOMES</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5896 LEVIN LINKS CT.</b>		Description of Item or Service <b>PRINTING</b>		M   D   Y   Fair Market Value <b>0   6   1   7   1   5   24.00</b>
City <b>DUBLIN</b>		State   Zip Code <b>O   H   43017</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>CHRIS AMOROSE GROOMES</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5896 LEVIN LINKS CT.</b>		Description of Item or Service <b>POSTAGE</b>		M   D   Y   Fair Market Value <b>0   6   2   1   1   5   24.90</b>
City <b>DUBLIN</b>		State   Zip Code <b>O   H   43017</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>CHRIS AMOROSE GROOMES</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5896 LEVIN LINKS CT.</b>		Description of Item or Service <b>ITEMS FOR PARADE</b>		M   D   Y   Fair Market Value <b>0   7   0   2   1   5   668.61</b>
City <b>DUBLIN</b>		State   Zip Code <b>O   H   43017</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

\* 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)]

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>			
Full Name of Contributor <b>KAREN STRIP</b>		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address <b>5482 ARYSHIRE DRIVE</b>		Description of Item or Service <b>FOOD AND BEVERAGES</b>	M   D   Y   Fair Market Value <b>1   0   2   7   1   5   110.00</b>
City <b>DUBLIN</b>		State   Zip Code <b>OH   43017</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>GAYLE HOLTON</b>		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address <b>700 STONEHENGE PARKWAY, STE B</b>		Description of Item or Service	M   D   Y   Fair Market Value <b>1   0   0   1   1   5   104.20</b>
City <b>DUBLIN</b>		State   Zip Code <b>OH   43017</b>	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 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 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 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

\* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>						
To Whom Paid <b>ISAAC WILES</b>			M	D	Y	Amount
			0	6	2	7
			1	5		85.00
Address <b>TWO MIRANOVA PLACE, STE 700</b>		Purpose <b>CANDIDACY FILING</b>				
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Check Number <b>1001</b>		
To Whom Paid <b>R SQUARED COMMUNICATIONS</b>			M	D	Y	Amount
			0	6	2	7
			1	5		300.00
Address <b>7145 ABBEY MARIE CT</b>		Purpose <b>WEBSITE DESIGN</b>				
City <b>DUBLIN</b>	State <b>O</b>	H	Zip Code <b>43017</b>	Check Number <b>1002</b>		
To Whom Paid <b>LORI ZAMBITO</b>			M	D	Y	Amount
			0	8	0	3
			1	5		280.00
Address <b>2211 KILLDEER PLACE</b>		Purpose <b>MARKETING</b>				
City <b>GALENA</b>	State <b>O</b>	H	Zip Code <b>43021</b>	Check Number <b>1003</b>		
To Whom Paid <b>CALLARD PROMOTIONAL</b>			M	D	Y	Amount
			0	8	0	4
			1	5		1,831.02
Address <b>5780 ZARLEY STREET, SUITE B</b>		Purpose <b>MARKETING</b>				
City <b>NEW ALBANY</b>	State <b>O</b>	H	Zip Code <b>43054</b>	Check Number <b>1004</b>		
To Whom Paid <b>CALLARD PROMOTIONAL</b>			M	D	Y	Amount
			0	8	0	4
			1	5		2,408.87
Address <b>5780 ZARLEY STREET, SUITE B</b>		Purpose <b>MARKETING</b>				
City <b>NEW ALBANY</b>	State <b>O</b>	H	Zip Code <b>43054</b>	Check Number <b>1005</b>		
To Whom Paid <b>LORI ZAMBITO</b>			M	D	Y	Amount
			0	8	0	4
			1	5		373.75
Address <b>2211 KILLDEER PLACE</b>		Purpose <b>MARKETING</b>				
City <b>GALENA</b>	State <b>O</b>	H	Zip Code <b>43021</b>	Check Number <b>1006</b>		
To Whom Paid <b>PROFORMA</b>			M	D	Y	Amount
			0	8	2	1
			1	5		537.30
Address <b>PO BOX 640814</b>		Purpose <b>MARKETING MERCHANDISE</b>				
City <b>CINCINNATI</b>	State <b>O</b>	H	Zip Code <b>45264</b>	Check Number <b>1007</b>		
To Whom Paid <b>PROFORMA</b>			M	D	Y	Amount
			0	8	2	1
			1	5		107.06
Address <b>PO BOX 640814</b>		Purpose <b>MARKETING MERCHANDISE</b>				
City <b>CINCINNATI</b>	State <b>O</b>	H	Zip Code <b>45264</b>	Check Number <b>1008</b>		

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>							
To Whom Paid <b>PERFORMANCE PRINTING</b>				M	D	Y	Amount
				0	9	2	4,810.63
Address <b>7652 SAWMILL ROAD, PMB 349</b>		Purpose <b>SIGNS &amp; MAILINGS</b>					
City <b>DUBLIN</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43017</b>	Check Number <b>1009</b>			
To Whom Paid <b>PERFORMANCE PRINTING</b>				M	D	Y	Amount
				0	9	2	861.49
Address <b>7652 SAWMILL ROAD, PMB 349</b>		Purpose <b>SIGNS &amp; MAILINGS</b>					
City <b>DUBLIN</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43017</b>	Check Number <b>1010</b>			
To Whom Paid <b>PERFORMANCE PRINTING</b>				M	D	Y	Amount
				0	9	2	166.09
Address <b>7652 SAWMILL ROAD, PMB 349</b>		Purpose <b>SIGNS &amp; MAILINGS</b>					
City <b>DUBLIN</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43017</b>	Check Number <b>1011</b>			
To Whom Paid <b>PERFORMANCE PRINTING</b>				M	D	Y	Amount
				0	9	2	311.69
Address <b>7652 SAWMILL ROAD, PMB 349</b>		Purpose <b>SIGNS &amp; MAILINGS</b>					
City <b>DUBLIN</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43017</b>	Check Number <b>1012</b>			
To Whom Paid <b>PERFORMANCE PRINTING</b>				M	D	Y	Amount
				1	0	0	452.34
Address <b>7652 SAWMILL ROAD, PMB 349</b>		Purpose <b>SIGNS &amp; MAILINGS</b>					
City <b>DUBLIN</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43017</b>	Check Number <b>1013</b>			
To Whom Paid <b>MURIFIELD VILLAGE GOLF CLUB</b>				M	D	Y	Amount
				1	0	0	1,548.77
Address <b>5750 MEMORIAL DRIVE</b>		Purpose <b>FOOD &amp; BEVERAGE</b>					
City <b>DUBLIN</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43017</b>	Check Number <b>1014</b>			
To Whom Paid <b>UNITED STATES POSTAL SERVICE</b>				M	D	Y	Amount
				1	0	0	490.00
Address <b>715 SHAWAN FALLS</b>		Purpose <b>POSTAGE</b>					
City <b>DUBLIN</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43017</b>	Check Number <b>1015</b>			
To Whom Paid <b>THE DISPATCH PRINTING COMPANY</b>				M	D	Y	Amount
				1	0	0	1,724.80
Address <b>P.O. BOX 182537</b>		Purpose <b>MARKETING</b>					
City <b>COLUMBUS</b>		State <input type="radio"/> O <input type="radio"/> H	Zip Code <b>43218-2537</b>	Check Number <b>1016</b>			

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>							
To Whom Paid <b>PERFORMANCE PRINTING</b>				M	D	Y	Amount
				1	0	1	166.09
Address <b>7652 SAWMILL ROAD, PMB 349</b>		Purpose <b>MARKETING</b>					
City <b>DUBLIN</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43017</b>	Check Number <b>1017</b>			
To Whom Paid <b>TERRI CORATOLA</b>				M	D	Y	Amount
				1	0	2	100.00
Address <b>8330 STRASBOURG COURT</b>		Purpose <b>RETURN OF CAMPAIGN CASH CONTRIBUTION DUE TO EXCESS CONTRIBUTION</b>					
City <b>DUBLIN</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43017</b>	Check Number <b>1018</b>			
To Whom Paid <b>UNITED STATES POSTAL SERVICE</b>				M	D	Y	Amount
				1	0	2	240.00
Address <b>6400 EMERALD PARKWAY</b>		Purpose <b>PURCHASE OF STAMPS</b>					
City <b>DUBLIN</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43016</b>	Check Number <b>1019</b>			
To Whom Paid <b>THE COUNTRY CLUB AT MUIRFIELD VILLAGE</b>				M	D	Y	Amount
				1	1	0	541.27
Address <b>8715 MUIRFIELD DRIVE</b>		Purpose <b>REFRESHMENTS FOR ELECTION NIGHT EVENT</b>					
City <b>DUBLIN</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43017</b>	Check Number <b>1020</b>			
To Whom Paid <b>JOHN HARDT</b>				M	D	Y	Amount
				1	1	0	60.68
Address <b>488 W. NATIONWIDE BLVD.</b>		Purpose <b>CAMPAIGN WEBSITE RENEWAL (Reimbursement)</b>					
City <b>UNIT 314 - COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Check Number <b>1021</b>			
To Whom Paid <b>RED BLOSSOM FLOWERS &amp; GIFTS</b>				M	D	Y	Amount
				1	1	0	155.90
Address <b>5795 KARRIC SQUARE DRIVE</b>		Purpose <b>FLOWER DELIVERY TO CAMPAIGN VOLUNTEERS</b>					
City <b>DUBLIN</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43016</b>	Check Number <b>1022</b>			
To Whom Paid <b>LORI C. ZAMBITO</b>				M	D	Y	Amount
				1	2	0	228.00
Address <b>2211 KILDEER PLACE</b>		Purpose <b>ELECTION PARTY INVITATIONS AND ADVERTISEMENT</b>					
City <b>GALENA</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43021</b>	Check Number <b>1023</b>			
To Whom Paid <b>INTENTIONALLY LEFT BLANK</b>				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>								
To Whom Paid <b>THE HUNTINGTON NATIONAL BANK</b>				M	D	Y	Amount	
				0	5	06	15	55.10
Address <b>P.O. BOX 1558 EA1W37</b>		Purpose <b>ORDER CHECKS - AUTOMATIC DEBIT FROM ACCOUNT</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43216</b>	Check Number <b>N/A</b>				
To Whom Paid <b>THE HUNTINGTON NATIONAL BANK</b>				M	D	Y	Amount	
				0	6	15	15	2.50
Address <b>P.O. BOX 1558 EA1W37</b>		Purpose <b>MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43216</b>	Check Number <b>N/A</b>				
To Whom Paid <b>THE HUNTINGTON NATIONAL BANK</b>				M	D	Y	Amount	
				0	7	15	15	2.50
Address <b>P.O. BOX 1558 EA1W37</b>		Purpose <b>MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43216</b>	Check Number <b>N/A</b>				
To Whom Paid <b>THE HUNTINGTON NATIONAL BANK</b>				M	D	Y	Amount	
				0	8	17	15	2.50
Address <b>P.O. BOX 1558 EA1W37</b>		Purpose <b>MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43216</b>	Check Number <b>N/A</b>				
To Whom Paid <b>THE HUNTINGTON NATIONAL BANK</b>				M	D	Y	Amount	
				0	9	15	15	2.50
Address <b>P.O. BOX 1558 EA1W37</b>		Purpose <b>MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43216</b>	Check Number <b>N/A</b>				
To Whom Paid <b>THE HUNTINGTON NATIONAL BANK</b>				M	D	Y	Amount	
				1	0	15	15	2.50
Address <b>P.O. BOX 1558 EA1W37</b>		Purpose <b>MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43216</b>	Check Number <b>N/A</b>				
To Whom Paid <b>THE HUNTINGTON NATIONAL BANK</b>				M	D	Y	Amount	
				1	1	16	15	2.50
Address <b>P.O. BOX 1558 EA1W37</b>		Purpose <b>MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43216</b>	Check Number <b>N/A</b>				
To Whom Paid				M	D	Y	Amount	
Address								
City				State	Zip Code	Check Number		