RECEIVED
DEC 11 2015
CLERK OF COUNCIL
CITY OF DUBLIN

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

__X__ 11 DAYS PRIOR TO ELECTION AMENDED

____ 38 DAYS FOLLOWING ELECTION

Cumulative total of all contributions received, from campaign start through current report date (from Statement of Contributions Received total) $ 20,192.80

Cumulative value of all in-kind contributions received, from campaign start through current report date (from Statement of In-Kind Contributions Received total) $ 4,998.00

Cumulative total of all expenditures made, from campaign start through current report date (from Statement of Expenditures total) $ 16,652.00

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 Buckholdon

Date: 12.11.15

Signature:

31-A
R.C. 3517.10

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	
BRUCE BURKHOLDER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
10291 SYLVIAN DR	Attorney						CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	06	27	15			250.00
Full Name of Contributor							Registration Number, if PAC	
CAP CLEGG								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5334 MCGINTY CT							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	05	09	15			250.00
Full Name of Contributor							Registration Number, if PAC	
KATHY B. SPENCER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8094 HOLYROOD CT							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	06	07	15			75.00
Full Name of Contributor							Registration Number, if PAC	
OHIOHEALTH STAR COPR - PAC							C00210617	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
180 E. BROAD STREET, 34TH FL							CHECK	
City	State	Zip Code	M	D	Y		Amount	
COLUMBUS	OH	43215	06	09	15			100.00
Full Name of Contributor							Registration Number, if PAC	
MARGERY S. AMOROSE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8150 WINCHCOMBE DR.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43016	06	15	15			250.00
Full Name of Contributor							Registration Number, if PAC	
D.P. AMOROSE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8150 WINCHCOMBE DR.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43016	06	16	15			250.00
Full Name of Contributor							Registration Number, if PAC	
JOHN F. HARDT								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9839 EAGLE DR.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
HUNTSVILLE	OH	43324	06	16	15			250.00
Full Name of Contributor							Registration Number, if PAC	
MARGARET E. BUTLER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5714 HADDINGTON DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	06	16	15			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)]

Page Total $ 1,625.00

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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	Registration Number, if PAC							
RICHARD R. CORNA								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
8903 LEA CT							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	06	17	15		100.00	
Full Name of Contributor	**Registration Number, if PAC**							
RICK J. SCHWIETERMAN								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
8546 PRESTON MILL CT							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	06	17	15		250.00	
Full Name of Contributor	**Registration Number, if PAC**							
RICHARD L. TAYLOR JR.								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
4500 BELLAIRE AVE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	06	16	15		250.00	
Full Name of Contributor	**Registration Number, if PAC**							
THOMAS HOLTON								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5957 ROUNDSTONE PLACE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43016	06	16	15		200.00	
Full Name of Contributor	**Registration Number, if PAC**							
JANIS B. DAVIDSON								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5163 CHAFFINCH CT							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	06	16	15		50.00	
Full Name of Contributor	**Registration Number, if PAC**							
ASRIEL C. STRIP								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5482 ARYSHIRE DR.							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	06	16	15		250.00	
Full Name of Contributor	**Registration Number, if PAC**							
STEVEN J. LUTZ								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6111 KARRER PLACE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	06	16	15		100.00	
Full Name of Contributor	**Registration Number, if PAC**							
DONNA F. STEVENSON								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5529 ARYSHIRE DR							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	06	16	15		50.00	

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Page Total $ 1,250.00

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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	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	City	State	Zip Code	M	D	Y	Amount
KATHLEEN B. GARDNER		5595 DUNDON CT		CHECK	DUBLIN	OH	43017	06	16	15	100.00
JOHN D. SUSIE		8682 HAWICK CT N		CHECK	DUBLIN	OH	43017	06	16	15	50.00
NIKKI M. HURTO		5726 HADDINGTON DR		CHECK	DUBLIN	OH	43017	06	16	15	50.00
BEVERLY J. FARLOW		270 BRADENTON AVENUE, STE 100		CHECK	DUBLIN	OH	43017	06	16	15	250.00
JENNIFER R. MONTE		8880 LEA COURT		CHECK	DUBLIN	OH	43017	06	16	15	250.00
MICHAEL E. KEHOE		6622 TANTALLON SQ		CHECK	DUBLIN	OH	43016	06	16	15	250.00
JEFFREY J. HOLOWICKI		6810 STILLHOUSE LN		CHECK	DUBLIN	OH	43016	06	16	15	250.00
WOLFGANG DOERSCHLAG		8958 LEA CT		CHECK	DUBLIN	OH	43017	06	16	15	100.00

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Page Total $ 1,300.00

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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	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	OH	43017	06	16	15		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	OH	43017	06	16	15		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	OH	43017	06	16	15		200.00	
Full Name of Contributor	**Registration Number, if PAC**							
BRETT VAN BOURGONDIEN								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6585 WESTON CIRCLE EAST							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43016	07	04	15		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	OH	43017	07	20	15		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	OH	43017	07	21	15		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	OH	43017	07	27	15		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	OH	43017	07	27	15		250.00	

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Page Total $ 1,450.00

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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							Registration Number, if PAC	
ROBIN CAMPBELL								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5565 BRAND ROAD							MONEYORDER	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	07	28	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
CLARE A. SCOWDEN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8196 WINCHCOMBE DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43016	07	28	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
ROBERT BOICH								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7590 BELLAIRE AVE	Original Contribution 250.00 - Fee 7.55						PAYPAL	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	07	28	15		242.45	
Full Name of Contributor							Registration Number, if PAC	
CHRISTINA HEINLEN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6440 GREENSTONE LOOP	Original Contribution 100.00 - Fee 3.20						PAYPAL	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43016	07	28	15		96.80	
Full Name of Contributor							Registration Number, if PAC	
JAMES W. GEESE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5550 ASHFORD RD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	07	29	15		250.00	
Full Name of Contributor							Registration Number, if PAC	
KATHRYN J. ALLEN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5753 HADDINGTON DRIVE	Original Contribution 250.00 - Fee 7.55						PAYPAL	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	07	29	15		242.45	
Full Name of Contributor							Registration Number, if PAC	
SUZANNE L. WALKER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7623 RIVERSIDE DR							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43016	07	30	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
DAWN ANDERSON BUTCHER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9882 ERIN WOODS DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	07	30	15		250.00	

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Page Total $ 1,381.70

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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							
ALVIN BORROMEO								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
7757 FULMER DR							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	07	30	15			25.00
Full Name of Contributor	**Registration Number, if PAC**							
GREGORY J. BUTLER								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5714 HADDINGTON DRIVE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	07	30	15			200.00
Full Name of Contributor	**Registration Number, if PAC**							
J. ROBERT DARROW								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6461 GREENSTONE LOOP							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43016	07	30	15			250.00
Full Name of Contributor	**Registration Number, if PAC**							
LAURIE O ELSASS								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6177 ABBOTSFORD DR							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	07	30	15			75.00
Full Name of Contributor	**Registration Number, if PAC**							
BRAD GABBARD								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
8999 PORTOFINO PLACE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43016	07	30	15			100.00
Full Name of Contributor	**Registration Number, if PAC**							
RONALD L. GEESE								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5584 BRAND RD							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	07	30	15			250.00
Full Name of Contributor	**Registration Number, if PAC**							
J.A. GODSEY								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
240 PERTH DRIVE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	07	30	15			100.00
Full Name of Contributor	**Registration Number, if PAC**							
THOMAS J. KELLEY								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
8595 MILMICHAEL CT							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	07	30	15			150.00

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Page Total $ 1,150.00

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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							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	OH	43220	07	30	15		200.00	
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	OH	43017	07	30	15		100.00	
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	OH	43017	07	30	15		200.00	
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	OH	43017	07	30	15		100.00	
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	OH	43017	07	30	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
LAUREN S. MENNING								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6167 ABBOTSSFORD DR							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	07	30	15		100.00	
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	OH	43017	07	30	15		200.00	
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	OH	43017	07	30	15		75.00	

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Page Total $ 1,075.00

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R.C. 3517.10

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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	Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	City	State	Zip Code	M	D	Y	Amount
CATHLEEN C. SIECH		5917 TARTON CIRCLE S		CHECK	DUBLIN	O H	43017	07	30	15	50.00
J. THEODORE SMITH		8155 GRAFTON END		CHECK	DUBLIN	O H	43016	07	30	15	50.00
JUDITH WILLIAMSON		8029 HILLINGDON DR		CHECK	POWELL	O H	43065	07	30	15	50.00
JULIANA B. YOUNG		5830 SETTLERS PLACE		CHECK	DUBLIN	O H	43017	07	30	15	100.00
KRISTINE TRUCKLY		555 METRO PLACE N STE 550		CHECK	DUBLIN	O H	43017	07	31	15	250.00
ROB TRUCKLY		555 METRO PLACE N STE 550		CHECK	DUBLIN	O H	43017	07	31	15	250.00
KATHY L. HARRINGTON		4258 TULLER RIDGE DR	Original Contribution 250.00 - Fee 7.55	PAYPAL	DUBLIN	O H	43017	08	02	15	242.45
DONNA O'CONNOR		5065 WINCHELL CT		CHECK	DUBLIN	O H	43017	08	04	15	250.00

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Page Total $ 1,242.45

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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						
BEVERLY A. TRABUE							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
5888 LEVEN LINKS COURT						CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
DUBLIN	OH	43017	08	17	15	250.00	
Full Name of Contributor	**Registration Number, if PAC**						
JERRY L. TRABUE							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
5888 LEVEN LINKS COURT						CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
DUBLIN	OH	43017	08	17	15	250.00	
Full Name of Contributor	**Registration Number, if PAC**						
JANE S. ENSIGN							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
8833 BELISLE CT						CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
DUBLIN	OH	43017	08	27	15	100.00	
Full Name of Contributor	**Registration Number, if PAC**						
DONALD HUNTER							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
8120 TILLINGHAST DR						CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
DUBLIN	OH	43017	08	31	15	250.00	
Full Name of Contributor	**Registration Number, if PAC**						
JODI L. RHODES							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
6475 GREENSTONE LOOP						CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
DUBLIN	OH	43016	09	02	15	100.00	
Full Name of Contributor	**Registration Number, if PAC**						
KEVIN MCCAULEY							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
4076 PIONEER CT						CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
POWELL	OH	43065	09	01	15	250.00	
Full Name of Contributor	**Registration Number, if PAC**						
KEITH W. TOMLINSON							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
8550 TARTAN FIELDS DR						CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
DUBLIN	OH	43017	09	02	15	100.00	
Full Name of Contributor	**Registration Number, if PAC**						
RONALD B. GARVEY							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
5900 TARTAN CIRCLE S						CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
DUBLIN	OH	43017	09	02	15	250.00	

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Page Total $ 1,550.00

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R.C. 3517.10

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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	
MONICA G. SMITH							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
8155 GRAFTON END						CHECK	
City	State	Zip Code	M	D	Y	Amount	
DUBLIN	O | H	43016	0 9	0 2	1 5	25.00	
Full Name of Contributor						Registration Number, if PAC	
MARK MCHUGH							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
6294 TWONOTCH CT						CHECK	
City	State	Zip Code	M	D	Y	Amount	
DUBLIN	O | H	43016	0 9	0 2	1 5	150.00	
Full Name of Contributor						Registration Number, if PAC	
STAVROFF INTERESTS LTD.							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
565 METRO PLACE S., SUITE 480						CHECK	
City	State	Zip Code	M	D	Y	Amount	
DUBLIN	O | H	43017	0 9	0 2	1 5	250.00	
Full Name of Contributor						Registration Number, if PAC	
ANN B. MLICKI							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5350 RESERVE DR						CHECK	
City	State	Zip Code	M	D	Y	Amount	
DUBLIN	O | H	43017	0 9	0 2	1 5	250.00	
Full Name of Contributor						Registration Number, if PAC	
DAVID J. MLICKI							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5350 RESERVE DR						CHECK	
City	State	Zip Code	M	D	Y	Amount	
DUBLIN	O | H	43017	0 9	0 2	1 5	250.00	
Full Name of Contributor						Registration Number, if PAC	
MATTHEW J. CALLAHAN							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5782 TARTON CRICLE N.						CHECK	
City	State	Zip Code	M	D	Y	Amount	
DUBLIN	O | H	43017	0 9	0 2	1 5	100.00	
Full Name of Contributor						Registration Number, if PAC	
JOHN W. ROYER							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1480 DUBLIN ROAD						CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	O | H	43215	0 9	0 2	1 5	250.00	
Full Name of Contributor						Registration Number, if PAC	
UNDERHILL YAROSS LLC							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
8000 WALTON PKWY STE 260						CHECK	
City	State	Zip Code	M	D	Y	Amount	
NEW ALBANY	O | H	43054	0 9	0 2	1 5	100.00	

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Page Total $ 1,375.00

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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	Registration Number, if PAC						
DEBBIE S. RICHARDS							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7290 CONCORD BEND DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
POWELL	OH	43065	09	02	15		250.00
Full Name of Contributor	**Registration Number, if PAC**						
CHARLES P. DRISCOLL							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
905 BABBINGTON CT							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
WESTERVILLE	OH	43081	09	02	15		200.00
Full Name of Contributor	**Registration Number, if PAC**						
ROBERT U. MILLER							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5658 LOCH BROOM CIR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
DUBLIN	OH	43017	09	02	15		100.00
Full Name of Contributor	**Registration Number, if PAC**						
CARA S. ALBRIGHT							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
8145 TIMBLE FALLS DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
DUBLIN	OH	43016	09	02	15		50.00
Full Name of Contributor	**Registration Number, if PAC**						
DAVID A. PHILLIPS							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7180 COVENTRY WOODS CT							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
DUBLIN	OH	43017	09	02	15		250.00
Full Name of Contributor	**Registration Number, if PAC**						
KENT J. PODOBINSKI							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
8162 SUMMERHOUSE DR W.							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
DUBLIN	OH	43016	09	02	15		100.00
Full Name of Contributor	**Registration Number, if PAC**						
JULIE S. BACOME							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5400 MUIRFIELD CT							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
DUBLIN	OH	43017	09	02	15		250.00
Full Name of Contributor	**Registration Number, if PAC**						
PAUL G. GHIDOTTI							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6840 MACNEIL DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
DUBLIN	OH	43017	09	02	15		250.00

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Page Total $ 1,450.00

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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	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	M	D	Y	Form (Cash, Check, etc.)	Amount
KEVIN F. EICHNER		9251 DIN EIDYN DRIVE		DUBLIN	OH	43017	09	02	15	CHECK	50.00
STEVEN J. SIMONETTI		7115 CALABRIA PLACE		DUBLIN	OH	43016	09	03	15	CHECK	100.00
SUZANNE L. GRABILL		2970 ARBUCKLE RD		LONDON	OH	43140	09	02	15	CHECK	250.00
PATRICK M. GRABILL		2970 ARBUCKLE RD N.W.		LONDON	OH	43140	09	02	15	CHECK	250.00
TODD D. FOLLMER		10696 ABINGTON PL		POWELL	OH	43065	09	02	15	CHECK	100.00
ASHLEY L. BOICH		4435 BELLAIRE AVE		DUBLIN	OH	43017	09	02	15	CHECK	250.00
JEFFREY D. STAVROFF		7078 DUBLIN RD.		DUBLIN	OH	43017	09	02	15	CHECK	250.00
FRANK STAVROFF		5593 PRESTON MILL WAY		DUBLIN	OH	43017	09	02	15	CHECK	250.00

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Page Total $ 1,500.00

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R.C. 3517.10

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	Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	City	State	Zip Code	M	D	Y	Amount
MELISSA A. MCCAULEY		4076 PIONEER CT		CHECK	POWELL	O | H	43065	09	01	15	250.00
STANLEY A. MALATESTA		4457 MASTERS DRIVE		CHECK	UPPER ARLINGTON	O | H	43220	09	10	15	250.00
KARI B. HERTEL		4607 WUERTZ CT		CHECK	DUBLIN	O | H	43016	09	15	15	50.00
JANICE M WALTON-ROZANSKI		8038 TIPPERARY CT N		CHECK	DUBLIN	OH |	43017	09	01	15	150.00
CATHY J. ANDREWS		6024 GLENFINNAN CT		CHECK	DUBLIN	O | H	43017	09	21	15	100.00
CENTRAL OHIO REALTORS PAC	31-172-1082	2700 AIRPORT DRIVE		CHECK	COLUMBUS	O | H	43219	09	18	15	250.00
BIA BUILD PAC OF CENTRAL OHIO	N/A LOCAL PAC	495 EXECUTIVE CAMPUS DRIVE		CHECK	WESTERVILLE	O | H	43082	09	29	15	250.00
PAUL A. GELPI		1535 BETHEL RD.		CHECK	COLUMBUS	O | H	43220	09	29	15	250.00

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Page Total $ 1,550.00

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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	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	City	State	Zip Code	M	D	Y	Amount
S. KEMPER		8031 CROSSGATE CT. S.		CHECK	DUBLIN	OH	43017	09	22	15	250.00
MARIAN E. GELPI		7195 RIVERSIDE DR		CHECK	DUBLIN	OH	43016	09	25	15	250.00
JEROLD H. HAINES		5849 LEVEN LINKS CT.		CHECK	DUBLIN	OH	43017	10	11	15	50.00
WILLIAM P. CSEPLO		28571 CALABRIA COURT, NO 102		CHECK	NAPLES	FL	34110	10	05	15	125.00
CHARLES W. KRANSTUBER		5512 CAPLESTONE LANE		CHECK	DUBLIN	OH	43017	10	05	15	100.00
THE ISAAC WILES POLITICAL ACTION COMMITTEE	CP-1058	2 MIRANOVA PLACE, SUITE 700		CHECK	COLUMBUS	OH	43215	10	05	15	250.00
STEVEN DRITZ		5174 FOREST RUN DRIVE	Original Contribution 50.00 - Fee 3.45	PAYPAL	DUBLIN	OH	43017	09	26	15	46.55
JEFFREY SMITH		7226 SPRINGVIEW LANE	Original Contribution 150.00 - Fee 4.65	PAYPAL	DUBLIN	OH	43016	10	06	15	145.35

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Page Total $ 1,216.90

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R.C. 3517.10

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

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Page Total $ 1,076.75

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R.C. 3517.10

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	09	18	15	165.00		
City	State	Zip Code	Received at Fundraising Event?				
DUBLIN	OH	43017	☑ YES	☐ 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	07	30	15	175.00		
City	State	Zip Code	Received at Fundraising Event?				
DUBLIN	OH	43017	☑ YES	☐ 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	07	30	15	175.00		
City	State	Zip Code	Received at Fundraising Event?				
DUBLIN	OH	43017	☑ YES	☐ 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	06	16	15	107.60		
City	State	Zip Code	Received at Fundraising Event?				
DUBLIN	OH	43017	☑ YES	☐ 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	06	16	15	107.60		
City	State	Zip Code	Received at Fundraising Event?				
DUBLIN	OH	43017	☑ YES	☐ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC					
ALLI CLOSE-MYERS							
Street Address	Description of Item or Service	M	D	Y	Fair Market Value		
7630 BELLAIRE	FOOD & BEVERAGES	09	25	15	246.00		
City	State	Zip Code	Received at Fundraising Event?				
DUBLIN	OH	43017	☑ YES	☐ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC					
RION CLOSE-MYERS							
Street Address	Description of Item or Service	M	D	Y	Fair Market Value		
7630 BELLAIRE	FOOD & BEVERAGES	09	25	15	246.00		
City	State	Zip Code	Received at Fundraising Event?				
DUBLIN	OH	43017	☑ YES	☐ 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	06	16	15	223.22		
City	State	Zip Code	Received at Fundraising Event?				
DUBLIN	OH	43017	☑ YES	☐ NO			

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Page Total $ 1,445.42

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R.C. 3517.10

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				
SAM SMILEY								
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
5598 PRESTON MILL WAY	FOOD & BEVERAGES			06	16	15	223.22	
City	State	Zip Code		Received at Fundraising Event?				
DUBLIN	OH	43017		☑ YES	☐ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
CHRIS AMOROSE GROOMES	AT- LARGE CANDIDATE							
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
TWO MIRANOVA PLACE, 7TH FL	MAILINGS			06	21	15	59.40	
City	State	Zip Code		Received at Fundraising Event?				
COLUMBUS	OH	43215		☐ YES	☑ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
CHRIS AMOROSE GROOMES	AT- LARGE CANDIDATE							
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
TWO MIRANOVA PLACE, 7TH FL	FOOD & BEVERAGES			06	28	15	712.50	
City	State	Zip Code		Received at Fundraising Event?				
COLUMBUS	OH	43215		☐ YES	☑ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
CHRIS AMOROSE GROOMES	AT- LARGE CANDIDATE							
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
TWO MIRANOVA PLACE, 7TH FL	MARKETING			09	21	15	503.57	
City	State	Zip Code		Received at Fundraising Event?				
COLUMBUS	OH	43215		☐ YES	☑ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
CHRIS AMOROSE GROOMES	AT- LARGE CANDIDATE							
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
TWO MIRANOVA PLACE, 7TH FL	PRINTING			08	19	15	77.51	
City	State	Zip Code		Received at Fundraising Event?				
COLUMBUS	OH	43215		☐ YES	☑ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
ROGER C. RABOLD								
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
5065 WINCHELL COURT	FOOD & BEVERAGES			10	02	15	55.00	
City	State	Zip Code		Received at Fundraising Event?				
DUBLIN	OH	43017		☑ YES	☐ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
KATHLEEN KEMP								
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
8042 HOLYROOD COURT	FOOD & BEVERAGES			06	05	15	247.50	
City	State	Zip Code		Received at Fundraising Event?				
DUBLIN	OH	43017		☑ YES	☐ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
LEN KEMP								
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
8042 HOLYROOD COURT	FOOD & BEVERAGES			06	05	15	247.50	
City	State	Zip Code		Received at Fundraising Event?				
DUBLIN	OH	43017		☑ YES	☐ 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)}

Page Total $ 2,126.20

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R.C. 3517.10

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		
AMOROSE LANDSCAPE SERVICES					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
5896 LEVIN LINKS CT.	FOOD & BEVERAGES		04	22	15	144.11
City	State	Zip Code	Received at Fundraising Event?			
DUBLIN	OH	43017	☐ YES	☑ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
AMOROSE LANDSCAPE SERVICES					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
5896 LEVIN LINKS CT.	FOOD & BEVERAGES		06	04	15	71.37
City	State	Zip Code	Received at Fundraising Event?			
DUBLIN	OH	43017	☐ YES	☑ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
CHRIS AMOROSE GROOMES					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
5896 LEVIN LINKS CT.	PRINTING		04	23	15	138.23
City	State	Zip Code	Received at Fundraising Event?			
DUBLIN	OH	43017	☐ YES	☑ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
CHRIS AMOROSE GROOMES					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
5896 LEVIN LINKS CT.	FOOD & BEVERAGES		04	23	15	330.00
City	State	Zip Code	Received at Fundraising Event?			
DUBLIN	OH	43017	☐ YES	☑ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
CHRIS AMOROSE GROOMES					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
5896 LEVIN LINKS CT.	MAILING SUPPLIES		06	15	15	25.16
City	State	Zip Code	Received at Fundraising Event?			
DUBLIN	OH	43017	☐ YES	☑ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
CHRIS AMOROSE GROOMES					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
5896 LEVIN LINKS CT.	PRINTING		06	17	15	24.00
City	State	Zip Code	Received at Fundraising Event?			
DUBLIN	OH	43017	☐ YES	☑ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
CHRIS AMOROSE GROOMES					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
5896 LEVIN LINKS CT.	POSTAGE		06	21	15	24.90
City	State	Zip Code	Received at Fundraising Event?			
DUBLIN	OH	43017	☐ YES	☑ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
CHRIS AMOROSE GROOMES					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
5896 LEVIN LINKS CT.	ITEMS FOR PARADE		07	02	15	668.61
City	State	Zip Code	Received at Fundraising Event?			
DUBLIN	OH	43017	☐ YES	☑ 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)]

Page Total $ 1,426.38

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R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

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

Page Total $ 5,923.00

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R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full								
CHRIS AMOROSE GROOMES FOR DUBLIN								
To Whom Paid				M	D	Y	Amount	
PERFORMANCE PRINTING				09	23	15	4,810.63	
Address	Purpose							
7652 SAWMILL ROAD, PMB 349	SIGNS & MAILINGS							
City	State	Zip Code	Check Number					
DUBLIN	OH	43017	1009					
To Whom Paid				M	D	Y	Amount	
PERFORMANCE PRINTING				09	23	15	861.49	
Address	Purpose							
7652 SAWMILL ROAD, PMB 349	SIGNS & MAILINGS							
City	State	Zip Code	Check Number					
DUBLIN	OH	43017	1010					
To Whom Paid				M	D	Y	Amount	
PERFORMANCE PRINTING				09	24	15	166.09	
Address	Purpose							
7652 SAWMILL ROAD, PMB 349	SIGNS & MAILINGS							
City	State	Zip Code	Check Number					
DUBLIN	OH	43017	1011					
To Whom Paid				M	D	Y	Amount	
PERFORMANCE PRINTING				09	24	15	311.69	
Address	Purpose							
7652 SAWMILL ROAD, PMB 349	SIGNS & MAILINGS							
City	State	Zip Code	Check Number					
DUBLIN	OH	43017	1012					
To Whom Paid				M	D	Y	Amount	
PERFORMANCE PRINTING				10	01	15	452.34	
Address	Purpose							
7652 SAWMILL ROAD, PMB 349	SIGNS & MAILINGS							
City	State	Zip Code	Check Number					
DUBLIN	OH	43017	1013					
To Whom Paid				M	D	Y	Amount	
MURIFIELD VILLAGE GOLF CLUB				10	01	15	1,548.77	
Address	Purpose							
5750 MEMORIAL DRIVE	FOOD & BEVERAGE							
City	State	Zip Code	Check Number					
DUBLIN	OH	43017	1014					
To Whom Paid				M	D	Y	Amount	
UNITED STATES POSTAL SERVICE				10	01	15	490.00	
Address	Purpose							
715 SHAWAN FALLS	POSTAGE							
City	State	Zip Code	Check Number					
DUBLIN	OH	43017	1015					
To Whom Paid				M	D	Y	Amount	
THE DISPATCH PRINTING COMPANY				10	05	15	1,724.80	
Address	Purpose							
P.O. BOX 182537	MARKETING							
City	State	Zip Code	Check Number					
COLUMBUS	OH	43218-2537	1016					

Page Total $ 10365.81

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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: PERFORMANCE PRINTING				M: 10	D: 15	Y: 15	Amount: 166.09
Address: 7652 SAWMILL ROAD, PMB 349	Purpose: MARKETING						
City: DUBLIN	State: OH	Zip Code: 43017	Check Number: 1017				
To Whom Paid: TERRI CORATOLA				M: 10	D: 21	Y: 15	Amount: 100.00
Address: 8330 STRASBOURG COURT	Purpose: RETURN OF CAMPAIGN CASH CONTRIBUTION DUE TO EXCESS CONTRIBUTION						
City: DUBLIN	State: OH	Zip Code: 43017	Check Number: 1018				
To Whom Paid: INTENTIONALLY LEFT BLANK				M:	D:	Y:	Amount:
Address:	Purpose:						
City:	State:	Zip Code:	Check Number:				
To Whom Paid: INTENTIONALLY LEFT BLANK				M:	D:	Y:	Amount:
Address:	Purpose:						
City:	State:	Zip Code:	Check Number:				
To Whom Paid: INTENTIONALLY LEFT BLANK							
Address:	Purpose:						
City:	State:	Zip Code:	Check Number:				
To Whom Paid: INTENTIONALLY LEFT BLANK							
Address:	Purpose:						
City:	State:	Zip Code:	Check Number:				
To Whom Paid: INTENTIONALLY LEFT BLANK							
Address:	Purpose:						
City:	State:	Zip Code:	Check Number:				
To Whom Paid: INTENTIONALLY LEFT BLANK							
Address:	Purpose:						
City:	State:	Zip Code:	Check Number:				

Page Total $ 266.09

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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				M	D	Y	Amount
THE HUNTINGTON NATIONAL BANK				05	06	15	55.10
Address	Purpose						
P.O. BOX 1558 EA1W37	ORDER CHECKS - AUTOMATIC DEBIT FROM ACCOUNT						
City	State	Zip Code	Check Number				
COLUMBUS	OH	43216	N/A				
To Whom Paid				M	D	Y	Amount
THE HUNTINGTON NATIONAL BANK				06	15	15	2.50
Address	Purpose						
P.O. BOX 1558 EA1W37	MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT						
City	State	Zip Code	Check Number				
COLUMBUS	OH	43216	N/A				
To Whom Paid				M	D	Y	Amount
THE HUNTINGTON NATIONAL BANK				07	15	15	2.50
Address	Purpose						
P.O. BOX 1558 EA1W37	MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT						
City	State	Zip Code	Check Number				
COLUMBUS	OH	43216	N/A				
To Whom Paid				M	D	Y	Amount
THE HUNTINGTON NATIONAL BANK				08	17	15	2.50
Address	Purpose						
P.O. BOX 1558 EA1W37	MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT						
City	State	Zip Code	Check Number				
COLUMBUS	OH	43216	N/A				
To Whom Paid				M	D	Y	Amount
THE HUNTINGTON NATIONAL BANK				09	15	15	2.50
Address	Purpose						
P.O. BOX 1558 EA1W37	MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT						
City	State	Zip Code	Check Number				
COLUMBUS	OH	43216	N/A				
To Whom Paid				M	D	Y	Amount
THE HUNTINGTON NATIONAL BANK				10	15	15	2.50
Address	Purpose						
P.O. BOX 1558 EA1W37	MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT						
City	State	Zip Code	Check Number				
COLUMBUS	OH	43216	N/A				
To Whom Paid				M	D	Y	Amount
THE HUNTINGTON NATIONAL BANK				11	16	15	2.50
Address	Purpose						
P.O. BOX 1558 EA1W37	MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT						
City	State	Zip Code	Check Number				
COLUMBUS	OH	43216	N/A				
To Whom Paid				M	D	Y	Amount
Address	Purpose						
City	State	Zip Code	Check Number				

Page Total $ 70.10