

RECEIVED

OCT 04 2019

CLERK OF COUNCIL  
CITY OF DUBLIN

**BACKGROUND & SUMMARY INFORMATION**

NAME Chris Amorose Groomes for Dublin

STREET ADDRESS Two Miranova Place, Suite 700

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)

\$ 15,025.00

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

(from Statement of In-Kind Contributions Received total)

\$ 1,008.60

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

(from Statement of Expenditures  
total)

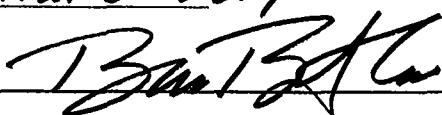
\$ 5,693.55

**SIGNATURE**

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

Name: BRUCE H. BURKHOLDER, TREASURER

Date: OCTOBER 3<sup>RD</sup> 2019

Signature: 



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
Full Name of Contributor William G. Guy			Registration Number, if PAC	
Street Address 2094 Edgemont Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 08/21/2019	Amount \$100.00
Full Name of Contributor Gregory J. Butler			Registration Number, if PAC	
Street Address 5714 Haddington Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/22/2019	Amount \$250.00
Full Name of Contributor Robert W. Vanhooose			Registration Number, if PAC	
Street Address 104 Country Club Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Ashland	State KY	Zip Code 41101	Date (MM/DD/YYYY) 08/25/2019	Amount \$250.00
Full Name of Contributor Gary L. Schottenstein			Registration Number, if PAC	
Street Address 270 El Bravo Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Palm Beach	State FL	Zip Code 33480	Date (MM/DD/YYYY) 08/26/2019	Amount \$250
Full Name of Contributor Patrick M. Grabill			Registration Number, if PAC	
Street Address 2970 Arbuckle Road NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City London	State OH	Zip Code 43140	Date (MM/DD/YYYY) 08/29/2019	Amount \$250.00

\*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



# Statement of Contributions Received

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
<b>Full Name of Contributor</b> Gary L. Gassin			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5044 Galway Drive		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Date (MM/DD/YYYY)</b> 08/29/2019	<b>Amount</b> \$250.00
<b>Full Name of Contributor</b> Isaac Wiles Burkholder & Teetor			<b>Registration Number, if PAC</b> CP-1058	
<b>Street Address</b> 2 Miranova Place, Suite 700		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> check
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Date (MM/DD/YYYY)</b> 08/23/2019	<b>Amount</b> \$250.00
<b>Full Name of Contributor</b> Scott Arthur			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 9473 Clementine Way		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> PayPal
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Date (MM/DD/YYYY)</b> 08/27/2019	<b>Amount</b> \$250.00
<b>Full Name of Contributor</b> Cap Clegg			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5334 McGinty Court		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Date (MM/DD/YYYY)</b> 08/30/2019	<b>Amount</b> \$250.00
<b>Full Name of Contributor</b> Gerber & Mitchell LLC			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 109 S. High Street		<b>Employer/Occupation/Labor Organization*</b> Richard S. Gerber, Attorney		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Date (MM/DD/YYYY)</b> 09/03/2019	<b>Amount</b> \$250.00

\*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
Full Name of Contributor Robert U. Miller			Registration Number, if PAC	
Street Address 5658 Loch Broom CirIce		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/28/2019	Amount \$200.00
Full Name of Contributor Richard Malir			Registration Number, if PAC	
Street Address 5800 Griffiths Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 09/03/2019	Amount \$250.00
Full Name of Contributor Jamie P. Menges			Registration Number, if PAC	
Street Address 9402 Tartan Ridge Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/04/2019	Amount \$250.00
Full Name of Contributor John E. Francis			Registration Number, if PAC	
Street Address 8441 Kilbirnie Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/08/2019	Amount \$250.00
Full Name of Contributor Paul Gelpi			Registration Number, if PAC	
Street Address 1535 Bethel Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/09/2019	Amount \$250.00

\*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$1,200.00



# Statement of Contributions Received

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
<b>Full Name of Contributor</b> Marian E. Gelpi			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7195 Riverside Drive		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43016	<b>Date (MM/DD/YYYY)</b> 09/10/2019	<b>Amount</b> \$250.00
<b>Full Name of Contributor</b> Peter L. Coratola, Jr.			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8330 Strasbourgh Court		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Date (MM/DD/YYYY)</b> 09/18/2019	<b>Amount</b> \$250.00
<b>Full Name of Contributor</b> Peter L. Coratola, Sr.			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8330 Strasbourgh Court		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Date (MM/DD/YYYY)</b> 09/27/2019	<b>Amount</b> \$250.00
<b>Full Name of Contributor</b> Tonya Y. Burkholder			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 10291 Sylvian Drive		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Check
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Date (MM/DD/YYYY)</b> 09/30/2019	<b>Amount</b> \$250.00
<b>Full Name of Contributor</b> Kevin Burkholder			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 10291 Sylvian Drive		<b>Employer/Occupation/Labor Organization*</b>		<b>Form (Cash, Check, etc.)</b> Cash
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Date (MM/DD/YYYY)</b> 09/30/2019	<b>Amount</b> \$50.00

\*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Groomes for Dublin				
<b>Full Name of Contributor</b> Jeffrey Holowicki			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6810 Still house Lane	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43016	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Kristin R. Holowicki			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6810 Stillhouse Lane	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43016	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> John W. Royer			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1480 Dublin Road	<b>Employer/Occupation/Labor Organization*</b> Attorney		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Edward A. Bacome			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 500 Stonehenge Parkway	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Henry Steel Investments, Ltd.			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5952 Whittingham Road	<b>Employer/Occupation/Labor Organization*</b> Matt Stavroff/Owner		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
**\$10,425.00**

Total Expenditures This Event  
**\$2,778.14**

Page Total \$ **1250**



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
Full Name of Contributor Jeffrey D. Stavroff			Registration Number, if PAC	
Street Address 5593 Preston Mill Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Allen S. Shepherd, III			Registration Number, if PAC	
Street Address 6295 Cosgray Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, Etc) Check	
Full Name of Contributor Richard V. Spagna			Registration Number, if PAC	
Street Address 5196 Kittwake Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$100
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor KSQ Limited			Registration Number, if PAC	
Street Address 4637 Highland Drive	Employer/Occupation/Labor Organization* Kevin Knebel/Owner		Date (MM/DD/YYYY) 08/28/2019	Amount \$100
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, Etc) Check	
Full Name of Contributor Kevin McCauley			Registration Number, if PAC	
Street Address 4076 Pioneer Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, Etc) Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\$10,425

Total Expenditures This Event  
\$2,778.14

Page Total \$ 950





**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
<b>Full Name of Contributor</b> Paul G. Ghidotti			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6840 MacNeil Drive	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Andrew Shepherd			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6295 Cosgray Road	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$100.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43016	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> J. Robert Darrow			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 6461 Greenstone Loop	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$200
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43016	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Susan F. Smiley			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5598 Preston Mill Way	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Brian H. Schottenstein			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 64 E. Prescott Street	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Form (Cash, Check, Etc)</b> Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\$10,425.00

Total Expenditures This Event  
\$2,778.14

Page Total \$1,050.00



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
Full Name of Contributor Anne Thompson			Registration Number, if PAC	
Street Address 8022 Craighall Lane	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Brandi L. Van Bourgondien			Registration Number, if PAC	
Street Address 6585 Weston Circle East	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, Etc) Check	
Full Name of Contributor Dawn Anderson-Butcher			Registration Number, if PAC	
Street Address 9882 Erin Woods Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Antonia C. Carter			Registration Number, if PAC	
Street Address 8916 Locherbie Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$125.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Miachael J. Lamping			Registration Number, if PAC	
Street Address 9311 Burnett Lane	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc)	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
**\$10,425.00**

Total Expenditures This Event  
**\$2,778.14**

Page Total \$ **875.00**



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
<b>Full Name of Contributor</b> Amy L. Kramb			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7511 Riverside Drive	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$50.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43016	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Denise Franz King			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 170 S. Riverview St.	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$100.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Craig L. Barnum			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4330 Tuller Road	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Brett Bohl			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5735 Whitecraigs Court	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$100.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Michelle D. Hunter			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4936 Pesaro Way	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\$10,425.00

Total Expenditures This Event  
\$2,778.14

Page Total \$ 750.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Groomes for Dublin				
<b>Full Name of Contributor</b> Michael R. Nosan			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 209 E. Arcadia Ave., Apt. 2	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43202	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Mark-Tami Hotta			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8022 Craighall Lane	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Charles W. Kranstuber			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5512 Caplestone Lane	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$100.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Page Vornbrock			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8863 Vineyard Drive	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$200.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43016	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Todd M. Follmer			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 10696 Abington Place	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$200.00
<b>City</b> Powell	<b>State</b> OH	<b>Zip Code</b> 43065	<b>Form (Cash, Check, Etc)</b> Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\$10,425.00

Total Expenditures This Event  
\$2,778.14

Page Total \$ 1,000.00



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Groomes for Dublin				
Full Name of Contributor Robin R. Campbell			Registration Number, if PAC	
Street Address 5565 Brand Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael J. Moran			Registration Number, if PAC	
Street Address 7056 Shady Nelms Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Steven J. Lutz			Registration Number, if PAC	
Street Address 6111 Karrer Place	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Patricia Baker			Registration Number, if PAC	
Street Address 5551 Villas Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Cynthia A. Lima			Registration Number, if PAC	
Street Address 6690 Mooney Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\$10,425.00

Total Expenditures This Event  
\$2,778.14

Page Total \$ 1,050.00



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
<b>Full Name of Contributor</b> Jay B. Eggspuehler			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7250 Coffman Road	<b>Employer/Occupation/Labor Organization*</b> Attorney		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Michael L. Close			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 7360 Bellaire Avenue	<b>Employer/Occupation/Labor Organization*</b> Attorney		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Donald Hunter			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4936 Pesaro Way	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Bruce H. Burkholder			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 10291 Sylvian Drive	<b>Employer/Occupation/Labor Organization*</b> Attorney		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Cathleen C. Siech			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5917 Tarton Circle Couth	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$100.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\$10,425.00

Total Expenditures This Event  
\$2,778.14

Page Total \$ 1,100.00



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
<b>Full Name of Contributor</b> Samuel E. Smiley			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5598 Preston Mill Way	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> A.C. Strip			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 1482 Stewart Place	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$100.00
<b>City</b> Blacklick	<b>State</b> OH	<b>Zip Code</b> 43004	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Ronald L. Geese			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5584 Brand Road	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$100.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> David Amorose			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8150 Winchcome Drive	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43016	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Anne F. Geese			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5584 Brand Road	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\$10,425.00

Total Expenditures This Event  
\$2,778.14

Page Total \$ 950.00



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
<b>Full Name of Contributor</b> Margery Amorose			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8160 Winchcombe Drive	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43016	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Roger C. Rabold			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5065 Winchell Court	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Judith A. Godsey			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 467 Charles Spring Drive	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$100.00
<b>City</b> Powell	<b>State</b> OH	<b>Zip Code</b> 43065	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Jan Rozanski			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8038 Tipperary Court	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$100.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> David W. Babner			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8618 Hawick Court South	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 08/28/2019	<b>Amount</b> \$250.00
<b>City</b> Dublin	<b>State</b> OH	<b>Zip Code</b> 43017	<b>Form (Cash, Check, Etc)</b> Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\$10,425.00

Total Expenditures This Event  
\$2,778.14

Page Total \$ 950.00





## Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Chris Amorose Groomes for Dublin				
Full Name of Contributor Donna O'Connor			Registration Number, if PAC	
Street Address 5065 Winchell Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Harris for Ohio Committee			Registration Number, if PAC	
Street Address 2 Miranova Place, Ste. 700	Employer/Occupation/Labor Organization* Stuart Harris		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
**\$10,425.00**

Total Expenditures This Event  
**\$2,778.14**

Page Total \$ **500.00**



## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
<b>Full Name of Contributor</b> Chris Amorose Grooms		<b>Employer, Occupation, Labor Organization*</b> At-Large Candidate		<b>Registration Number, if PAC</b>
<b>Street Address</b> Two Miranova Place, Suite 700		<b>Description of Item or Service</b> Filing Fee		<b>Date (MM/DD/YYYY)</b>  <b>Fair Market Value</b> \$45.00
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Full Name of Contributor</b> Chris Amorose Grooms		<b>Employer, Occupation, Labor Organization*</b> At-Large Candidate		<b>Registration Number, if PAC</b>
<b>Street Address</b> Two Miranova Place, Suite 700		<b>Description of Item or Service</b> Office Supplies - Thank You Cards		<b>Date (MM/DD/YYYY)</b> 08/29/2019 <b>Fair Market Value</b> \$76.29
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Full Name of Contributor</b> Chris Amorose Grooms		<b>Employer, Occupation, Labor Organization*</b> At-Large Candidate		<b>Registration Number, if PAC</b>
<b>Street Address</b> Two Miranova Place, Suite 700		<b>Description of Item or Service</b> Office Supplies - Envelopes		<b>Date (MM/DD/YYYY)</b> 08/29/2019 <b>Fair Market Value</b> \$13.48
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Full Name of Contributor</b> Chris Amorose Grooms		<b>Employer, Occupation, Labor Organization*</b> At-Large Candidate		<b>Registration Number, if PAC</b>
<b>Street Address</b> Two Miranova Place, Suite 700		<b>Description of Item or Service</b> Office Supplies - Sharpies		<b>Date (MM/DD/YYYY)</b> 08/29/2019 <b>Fair Market Value</b> \$12.86
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Full Name of Contributor</b> Chris Amorose Grooms		<b>Employer, Occupation, Labor Organization*</b> At-Large Candidate		<b>Registration Number, if PAC</b>
<b>Street Address</b> Two Miranova Place, Suite 700		<b>Description of Item or Service</b> Office Supplies - Postage Stamps		<b>Date (MM/DD/YYYY)</b> 09/16/2016 <b>Fair Market Value</b> \$110.00
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Received at Fundraising Event?</b> <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 name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> Chris Amorose Groomes for Dublin				
<b>Full Name of Contributor</b> Chris Amorose Groomes		<b>Employer, Occupation, Labor Organization*</b> At-Large Candidate		<b>Registration Number, if PAC</b>
<b>Street Address</b> Two Miranova Place, Suite 700		<b>Description of Item or Service</b> Office Supplies - Clipboards		<b>Date (MM/DD/YYYY)</b> 08/29/2019
<b>City</b> Columbus		<b>State</b> OH	<b>Zip Code</b> 43215	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b> Chris Amorose Groomes		<b>Employer, Occupation, Labor Organization*</b> At-Large Candidate		<b>Registration Number, if PAC</b>
<b>Street Address</b> Two Miranova Place, Suite 700		<b>Description of Item or Service</b> Promotional - Candy for Parade-Campaign kickoff		<b>Date (MM/DD/YYYY)</b> 08/29/2019
<b>City</b> Columbus		<b>State</b> OH	<b>Zip Code</b> 43215	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b>
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b>
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Received at Fundraising Event?</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin			
To Whom Paid The Callard Compnay		Date (MM/DD/YYYY) 09/27/2019	Amount \$2,960.63
Street Address 811 Green Crest Drive, Suite 300		Purpose Promotional Printing-Notepads, Tech Tattoos	
City Westerville	State OH	Zip Code 43081	Check Number 1035
To Whom Paid Old Trail Printing		Date (MM/DD/YYYY) 09/27/2019	Amount \$740.56
Street Address 100 Fornoff Road		Purpose Printing - Door hangers	
City Columbus	State OH	Zip Code 43207	Check Number 1034
To Whom Paid Lori Zambito		Date (MM/DD/YYYY) 09/17/2019	Amount \$770.00
Street Address 1122 Brookside Court		Purpose Graphic Design	
City Galena	State OH	Zip Code 43021	Check Number 1032
To Whom Paid The Callard Company		Date (MM/DD/YYYY) 09/09/2019	Amount \$891.38
Street Address 811 Green Crest Drive, Suite 300		Purpose Promotional Printing	
City Westerville	State OH	Zip Code 43081	Check Number 1031
To Whom Paid Old Trail Printing		Date (MM/DD/YYYY) 09/09/2019	Amount \$303.98
Street Address 100 Fornoff Road		Purpose Promotional Printing	
City Columbus	State OH	Zip Code 43207	Check Number 1030

Page Total \$ 5,666.55



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Chris Amorose Grooms for Dublin				
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 09/15/2019		Amount \$3.00
Street Address P.O. Box 1558 EA1W37		Purpose Monthly Service Fee		
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit	
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 08/15/2019		Amount \$3.00
Street Address P.O. Box 1558 EA1W37		Purpose Monthly Service Fee		
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit	
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 07/15/2019		Amount \$3.00
Street Address P.O. Box 1558 EA1W37		Purpose Monthly Service Fee		
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit	
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 06/15/2019		Amount \$3.00
Street Address P.O. Box 1558 EA1W37		Purpose Monthly Service Fee		
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit	
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 05/15/2019		Amount \$3.00
Street Address P.O. Box 1558 EA1W37		Purpose Monthly Service Fee		
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit	

Page Total \$ 15.00



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Chris Amorose Groomes for Dublin				
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 04/15/2019	Amount \$3.00	
Street Address P.O. Box 1558 EA1W37		Purpose Monthly Service Fee		
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit	
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 03/15/2019	Amount \$3.00	
Street Address P.O. Box 1558 EA1W37		Purpose Monthly Service Fee		
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit	
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 02/15/2019	Amount \$3.00	
Street Address P.O. Box 1558 EA1W37		Purpose Monthly Service Fee		
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit	
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 01/15/2019	Amount \$3.00	
Street Address P.O. Box 1558 EA1W37		Purpose Monthly Service Fee		
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			

Page Total \$ **12.00**



# Statement of Expenditures for Social or Fund-Raising Event

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> Chris Amorose Groomes for Dublin				
To Whom Paid Matt Stavroff (Muirfield Village Golf Club)			Date (MM/DD/YYYY) 09/20/2019	Amount \$2778.14
Street Address 5952 Whittingham Drive		Purpose Food and beverages at fundraising event		
City Dublin	State OH	Zip Code 43017	Check Number 1033	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 2778.14