

#### **BACKGROUND & SUMMARY INFORMATION**

CLERK OF COUNCIL
CITY OF DUBLIN

-

#### **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, TREASUER

Date: 01-66 3<sup>-1</sup> 2019
Signature: 3<sup>-1</sup> 2019





Form 31-A

ORC 3517.10

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

Page	Total	\$1,100.00
ı aye	lotai	71,100.00

<sup>\*</sup>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)]





Form 31-A

ORC 3517.10

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

<sup>\*</sup>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)]





Form 31-A

ORC 3517.10

Full Name of Committee					
Chris Amorose Groomes for Dublin					
Full Name of Contributor	er, if PAC				
Robert U. Miller					:
Street Address	Employ	/er/Occupation/Labo	or Organization*	~	Form (Cash, Check, etc.)
5658 Loch Broom Cirlce					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Dublin	ОН	43017		08/28/2019	\$200.00
Full Name of Contributor	<del>'</del>	<del>!</del>	<u> </u>	Registration Number	er, if PAC
Richard Malir					,
Street Address	Employ	/er/Occupation/Labo	or Organization*		Form (Cash, Check, etc.)
5800 Griffiths Lane					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Powell	ОН	43065		09/03/2019	\$250.00 ·
Full Name of Contributor			er, if PAC		
Jamie P. Menges					
Street Address	Employ	yer/Occupation/Labo		Form (Cash, Check, etc.)	
9402 Tartan Ridge Blvd.					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Dublin	ОН	43017		09/04/2019	\$250.00
Full Name of Contributor	Registration Number				er, if PAC
John E. Francis					
Street Address	Employ	yer/Occupation/Labo	or Organization*		Form (Cash, Check, etc.)
8441 Kilbirnie Court					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Dublin	ОН	43017		09/08/2019	\$250.00
Full Name of Contributor Registration Number					er, if PAC
Paul Gelpi					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1535 Bethel Road					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43220		09/09/2019	\$250.00

Page Total \$1,200.00

<sup>\*</sup>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)]





Form 31-A

ORC 3517.10

Full Name of Committee				<del></del>	
Chris Amorose Groomes for Dublin					
Full Name of Contributor Registration Nur					er, if PAÇ
Marian E. Gelpi					
Street Address	Employ	er/Occupation/Labor	Organization*	,	Form (Cash, Check, etc.)
7195 Riverside Drive					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Dublin	ОН	43016		09/10/2019	\$250.00
Full Name of Contributor		·		Registration Number	er, if PAC
Peter L. Coratola, Jr.				li .	
Street Address	Employ	/er/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
8330 Strasbourgh Court					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Dublin	ОН	43017		09/18/2019	\$250.00
Full Name of Contributor	<del>' ,,, ,,</del>	······································	er, if PAC		
Peter L. Coratola, Sr.					
Street Address	Employ	/er/Occupation/Labor	Form (Cash, Check, etc.)		
8330 Strasbourgh Court			Check		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Dublin	ОН	43017		09/27/2019	\$250.00
Full Name of Contributor		•		Registration Numb	er, if PAC
Tonya Y. Burkholder					
Street Address	Employ	/er/Occupation/Labor	Organization*	<del>                                     </del>	Form (Cash, Check, etc.)
10291 Sylvian Drive					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Dublin	ОН	43017		09/30/2019	\$250.00
Full Name of Contributor Registration Number					er, if PAC
Kevin Burkholder					
Street Address	Employ	yer/Occupation/Labor	r Organization*		Form (Cash, Check, etc.)
10291 Sylvian Drive					Cash
City	State	Zip Code	Date (MM/D	•	Amount
Dublin	ОН	43017		09/30/2019	\$50.00

Page Total \$1,050.00

<sup>\*</sup>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)]



Event Date	08/28/2019	Page 1

Form 31-E R C 3517 10(B)

					R.C. 3517.10(B)	
Full Name of Committee						
Chris Amorose Groomes for Dublin						
Full Name of Contributor	Registration Number, if PAC					
Jeffrey Holowicki						
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount	
6810 Still house Lane	Linployon	, Cooupan	on/Eason Organization	08/28/2019		
	<u> </u>	<del></del>	7: 0.4		· · · · · · · · · · · · · · · · · · ·	
City		State	Zip Code	Form (Cash, Check, Etc		
Dublin	(	OH	43016	Check		
Full Name of Contributor		•		Registration Number, if PAC		
Kristin R. Holowicki						
Street Address	Employer	/Occupati	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
6810 Stillhouse Lane				08/28/2019	\$250.00	
City	<u> </u>	State	Zip Code	Form (Cash, Check, Etc		
Dublin		OH	43016	Check		
				A Describe on Paramatana Services and Antonion and		
Full Name of Contributor				Registration Number, if PAC		
John W. Royer						
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
1480 Dublin Road	Attorne	у		08/28/2019	\$250.00	
City	·;	State	Zip Code	Form (Cash, Check, Etc		
Columbus	ŀ	ОН	43215	Check		
Full Name of Contributor			Registration Number, if PAC			
Edward A. Bacome						
Street Address	Employer	r/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
500 Stonehenge Parkway				08/28/2019	\$250	
City	1:	State	Zip Code	Form (Cash, Check, Etc		
Dublin			43017	Check		
			10011			
Full Name of Contributor				Registration Number, if PAC		
Henry Steel Investments, Ltd.						
Street Address	Employer	r/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
5952 Whittingham Road	Matt Stavroff/Owner		)wner	08/28/2019	\$250.00	
City	<del>'</del> -	State	Zip Code	Form (Cash, Check, Etc		
Dublin		ОН	43017	Check		
L			<u> </u>		and the second s	

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

<b>Total Contributions</b>	This	Event
\$10,425.00		

<sup>\*</sup> 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)]



		2
Event Date	08/28/2019	Page ∠
Event Date	00/20/2019	rage —

Form 31-E 3 C: 3517 10(B)

					R.C. 3517.10(B)
Full Name of Committee Chris Amorose Groomes for Dublin					
Full Name of Contributor	Registration Number, if PAC	<del></del>			
Jeffrey D. Stavroff					
Street Address	Employe	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
5593 Preston Mill Way				08/28/2019	\$250.00
City		State	Zip Code	Form (Cash, Check, Etc	
Dublin		ОН	43017	Check	名。2004本文文。6
Full Name of Contributor	Registration Number, if PAC	The control of a color of the c			
Allen S. Shepherd, III					
Street Address	Employe	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6295 Cosgray Road				08/28/2019	\$250.00
City	•	State	Zip Code	Form (Cash, Check, Etc	Val.
Dublin		ОН	43016	Check	
Full Name of Contributor				Registration Number, if PAC	A
Richard V. Spagna					
Street Address	Employe	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
5196 Kittwake Court				08/28/2019	\$100
City	<del>1</del>	State	Zip Code	Form (Cash, Check, Etc	
Dublin		ОН	43017	Check	
Full Name of Contributor			Registration Number, if PAC		
KSQ Limited					
Street Address	Employe	ployer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4637 Highland Drive	Kevin	Knebel/0	Owner	08/28/2019	\$100
City	<del></del>	State	Zip Code	Form (Cash, Check, Etc	
Delaware		он	43015	Check	Kalado kaling Sakabani na makabani sahi
Full Name of Contributor				Registration Number, if PAC	Edda Sirin (S. Grant Co., 1984) and G. Grant (S. Grant Co., 1984) and G. G. Grant Co., 1984) and 1984
Kevin McCauley					
Street Address	Employ	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4076 Pioneer Court				08/28/2019	\$250.00
City	•	State	Zip Code	Form (Cash, Check, Etc	
Powell		ОН	43065	Check	

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

<b>Total Contributions</b>	This	Event
\$10,425		

Page Total \$	 

<sup>\*</sup> 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)]



Event Date 08/2	8/2019 F	age 3

Form 31-E

				R.C. 3517.10(B)
<del></del>			Registration Number, if PAC	
Full Name of Contributor Paul G. Ghidotti				
<u></u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Employer/	Occupati	on/Labor Organization*		Amount
			08/28/2019	\$250.00
s	State	Zip Code	Form (Cash, Check, Etc	
o	Н	43017	Check	
<u> </u>			Registration Number, if PAC	End a rate on management and district a series and a series and
		'		
Employer/	Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
			08/28/2019	\$100.00
s	State	Zip Code	Form (Cash, Check, Etc	
c	ЭН	43016	Check	
Full Name of Contributor				
Street Address Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
			08/28/2019	\$200
s	State	Zip Code	Form (Cash, Check, Etc	
C	ЭН	43016	Check	
			Registration Number, if PAC	Constitute de la 1912 - 1915 - 1916 (1916) (1916) (1916) (1916) (1916) (1916) (1916) (1916) (1916) (1916) (1916)
Susan F. Smiley				
Employer/	/Occupati	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			08/28/2019	\$250.00
S	State	Zip Code	Form (Cash, Check, Etc	
c	ЭН	43017	Check	
<u></u>			Registration Number, if PAC	Believed reconstruction and access to include another the second Conference M
Full Name of Contributor Brian H. Schottenstein				
Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			08/28/2019	\$250.00
	State	Zip Code	Form (Cash, Check, Etc	
	ЭH	43215	Check	
	Employer/  Employer/  Employer/	Employer/Occupati State OH  Employer/Occupati State OH  Employer/Occupati State OH  OH	State   Zip Code   43017    Employer/Occupation/Labor Organization*    State   Zip Code   43016      Employer/Occupation/Labor Organization*     State   Zip Code   0H   43016      Employer/Occupation/Labor Organization*     State   Zip Code   43017      State   Zip Code   43017      Employer/Occupation/Labor Organization*     State   Zip Code   43017      Employer/Occupation/Labor Organization*	State   Zip Code   Form (Cash, Check, Etc Check

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 \$ \_\_\_\_\_

<sup>\*</sup> 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)]



1		_
Event Date	08/28/2019	Page 4

Form 31-E R.C. 3517 10(B)

E II N	<u> </u>			· · · · · · · · · · · · · · · · · · ·	К.О. 3317.10(Д)
Full Name of Committee					
Chris Amorose Groomes for Dublin		_			
Full Name of Contributor	Registration Number, if PAC				
Anne Thompson					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
8022 Craighall Lane				08/28/2019	\$250.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Dublin	c	он	43017	Check	
Full Name of Contributor				Registration Number, if PAC	
Brandi L. Van Bourgondien					
Street Address	Employer/	Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
6585 Weston Circle East				08/28/2019	\$250.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Dublin	он 43016			Check	
Full Name of Contributor	Registration Number, if PAC	and the second s			
Dawn Anderson-Butcher					
Street Address Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount	
9882 Erin Woods Drive				08/28/2019	\$150.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Dublin		ЭН	43017	Check	
Full Name of Contributor	Registration Number, if PAC				
Antonia C. Carter					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
8916 Locherbie Court				08/28/2019	\$125.00
City	S	State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	ОН	43017	Check	
Full Name of Contributor	•			Registration Number, if PAC	
Miachael J. Lamping					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
9311 Burnett Lane				08/28/2019	\$100.00
City	- 18	State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	ОН	43017		

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

<b>Total Contributions This Event</b>	
\$10,425.00	

Page	Total \$ 875.00	
Page	Total \$	

<sup>\*</sup> 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)]



Event Date	08/28/2019	Page 5

P C 3517.10(B)

Full Name of Committee					11.0. 3017.10(B)
Full Name of Committee					
Chris Amorose Groomes for Dublin					
Full Name of Contributor	Registration Number, if PAC				
Amy L. Kramb					
Street Address	Employer/Occupation/Labor Organization* [			Date (MM/DD/YYYY)	Amount
7511 Riverside Drive				08/28/2019	\$50.00
City	s	State	Zip Code	Form (Cash, Check, Etc	in specificacy of the state of
Dublin	c	ЭН	43016	Check	
Full Name of Contributor				Registration Number, if PAC	
Denise Franz King					
Street Address	Employer/	Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
170 S. Riverview St.				08/28/2019	\$100.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Dublin	он 43017		43017	Check	
Full Name of Contributor	Registration Number, if PAC	Personal Control of the Control of t			
Craig L. Barnum					
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
4330 Tuller Road				08/28/2019	\$250.00
City	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	эн	43017	Check	antun
Full Name of Contributor	Registration Number, if PAC	A STATE OF THE STA			
Brett Bohl					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
5735 Whitecraigs Court				08/28/2019	\$100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	ЭН	43017	Check	
Full Name of Contributor	<b>'</b>			Registration Number, if PAC	
Michelle D. Hunter					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4936 Pesaro Way			·	08/28/2019	\$250.00
City		State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	ОН	43017	Check	
<del></del>				•	

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

<b>Total Contributions</b>	This	Event
\$10,425.00		

<sup>\*</sup> 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)]



Event Date 08/28/2019 Page 6	

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

Full Name of Committee				<del>.</del> .	
Chris Amorose Groomes for Dublin					
			, <u>-</u>		
Full Name of Contributor	Registration Number, if PAC				
Michael R. Nosan					
Street Address	Employer/	/Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
209 E. Arcadia Ave., Apt. 2				08/28/2019	\$250.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Columbus	c	ЭН	43202	Check	
Full Name of Contributor	<u>'</u>			Registration Number, if PAC	
Mark-Tami Hotta					
Street Address	Employer/	/Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
8022 Craiginhall Lane				08/28/2019	\$250.00
City	S	State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	ЭН	43017	Check	
Full Name of Contributor				Registration Number, if PAC	
Charles W. Kranstuber					
Street Address Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount	
5512 Caplestone Lane				08/28/2019	\$100.00
City	<u>'</u>	State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	ЭН	43017	Check	500.00 p. 100.00 p.
Full Name of Contributor				Registration Number, if PAC	Marketin market and all the disease the first of the National Co.
Page Vornbrock					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
8863 Vineyard Drive				08/28/2019	\$200.00
City		State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	ОН	43016	Check	
Full Name of Contributor				Registration Number, if PAC	
Todd M. Follmer					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
10696 Abington Place				08/28/2019	\$200.00
City		State	Zip Code	Form (Cash, Check, Etc	100 P 41 S 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Powell	C	ОН	43065	Check	
	<u>-</u>		<del>'                                    </del>	<del>!</del>	the same of the sa

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

<sup>\*</sup> 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)]



'		÷
Event Date	08/28/2019	Page /

Form 31-E R C 3517 10(B)

Full Name of Committee				<del></del>	
Chris Amorose Groomes for Dublin					
Full Name of Contributor				Registration Number, if PAC	
Robin R. Campbell					
Street Address	Employer/0	Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
5565 Brand Road				08/28/2019	\$250.00
City	s	tate	Zip Code	Form (Cash, Check, Etc	
Dublin	0	Н	43017	Check	
Full Name of Contributor				Registration Number, if PAC	No. 28.
Michael J. Moran					
Street Address	Employer/0	Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
7056 Shady Nelms Drive	[	•		08/28/2019	\$150.00
City	s	state	Zip Code	Form (Cash, Check, Etc	
Dublin	0	Н	43017	Check	
Full Name of Contributor	Registration Number, if PAC				
Steven J. Lutz					
Street Address	Employer/	Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
6111 Karrer Place				08/28/2019	\$150.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	ЭН	43017	Check	
Full Name of Contributor	•	'		Registration Number, if PAC	
Patricia Baker					
Street Address	Employer/	'Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
5551 Villas Drive				08/28/2019	\$250.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Dublin	c	DН	43017	Check	
Full Name of Contributor	•			Registration Number, if PAC	
Cynthia A. Lima					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6690 Mooney Street				08/28/2019	\$250.00
City	S	State	Zip Code	Form (Cash, Check, Etc	ny na alemana na avitani. Manaka ilina ara-
Dublin	C	DH	43017	Check	W. C.

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 \$<sup>1,050.00</sup>

<sup>\*</sup> 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)]



Event Date	08/28/2019	Page 8

Form 31-E

					11.0. 0017.10(B)
Full Name of Committee					
Chris Amorose Groomes for Dublin					
Full Name of Contributor				Registration Number, if PAC	
Jay B. Eggspuehler					
	<sub>1</sub> –				
Street Address	Employer/	/Occupati	on/Labor Organization*	, ,	Amount
7250 Coffman Road	Attorney	/		08/28/2019	\$250.00
City	S	State	Zip Code	Form (Cash, Check, Etc	
Dublin	c	он	43017	Check	
Full Name of Contributor	I			Registration Number, if PAC	nacearain and the second war and the carrier was not
Michael L. Close					
Street Address	I Complex conf	/O	ion/labor Organization*	D. ( 4447) D. ( 0.0 ( )	Amount
			ion/Labor Organization*	Date (MM/DD/YYYY)	
7360 Bellaire Avenue	Attorney	/	!	08/28/2019	\$250.00
City	8	State	Zip Code	Form (Cash, Check, Etc	
Dubliln	C	ЭН	43017	Check	
Full Name of Contributor			·	Registration Number, if PAC	Amin 7
Donald Hunter					
Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4936 Pesaro Way				08/28/2019	\$250.00
City	1 5	State	Zip Code	Form (Cash, Check, Etc	(AX 95 AX )
Dublin	c	ЭН	43017	Check	GCALLET FOR TONE;
Full Name of Contributor	<del></del>			Registration Number, if PAC	The many of the second section of the second section section and the second section of the section of th
Bruce H. Burkholder					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
10291 Sylvian Drive	Attorney	y		08/28/2019	\$250.00
City		State	Zip Code	Form (Cash, Check, Etc	
Dublin		ОН	43017	Check	
Full Name of Contributor			<u> </u>	Registration Number, if PAC	Remark to the area of the same
Cathleen C. Siech					
Street Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount		
5917 Tarton Circle Couth				08/28/2019	\$100.00
City	1	State	Zip Code	Form (Cash, Check, Etc	
Dublin	1	ОН	43017	Check	ë dhe
					Andrea

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

<sup>\*</sup> 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)]



Event Date	08/28/2019	Page 9

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

-		.=		R.C. 3517.10(B)
		<del> </del>	Registration Number if PAC	<u> </u>
Employer/0	Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
			08/28/2019	\$250.00
St	tate	Zip Code	Form (Cash, Check, Etc	
0	Н	43017	Check	
	1		Registration Number, if PAC	to and weather the extraction to the label and the entire to a distribution of the entire to the ent
Employer/0	Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
				\$100.00
SI	tate	Zip Code	Form (Cash, Check, Etc	
0	н	43004	Check	
			Registration Number, if PAC	Parameter and a state of the st
Employer/0	Occupati	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			08/28/2019	\$100.00
s	State	Zip Code	Form (Cash, Check, Etc	
0	ЭН	43017	Check	
<del>'</del>			Registration Number, if PAC	
Employer/0	Occupati	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			08/28/2019	\$250.00
s	State	Zip Code	Form (Cash, Check, Etc	
0	ЭН	43016	Check	
		<del></del>	Registration Number, if PAC	Commission of the Commission o
Employer/0	Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			08/28/2019	\$250.00
s	State	Zip Code	Form (Cash, Check, Etc	
O	DH	43017	Check	
	Employer/  Employer/  Employer/  Employer/	Employer/Occupation  State OH  State OH  Employer/Occupation  State OH  State OH	State   Zip Code	Check

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	

<sup>\*</sup> 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)]



10	08/28/2019 Page IU		Event Date_
	08/28/2019 Page 10	•	•

Form 31-E

E 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				· · · · · · · · · · · · · · · · · · ·	R.G. 3317.10(b)
Full Name of Committee					
Chris Amorose Groomes for Dublin					
Full Name of Contributor				Registration Number, if PAC	
Margery Amorose					
Street Address	Employer/	/Occupati	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
8160 Winchcombe Drive				08/28/2019	\$250.00
City		State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	ЭН	43016	Check	
Full Name of Contributor				Registration Number, if PAC	Pro Address of Management of the Address Andress Andre
Roger C. Rabold					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
5065 Winchell Court				08/28/2019	\$250.00
City		State	Zip Code	Form (Cash, Check, Etc	
Dublin	C	ЭН	43017	Check	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·			Registration Number, if PAC	The second section of the second seco
Judith A. Godsey					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
467 Charles Spring Drive				08/28/2019	\$100.00
City	1 - 1	State	Zip Code	Form (Cash, Check, Etc	
Powell	C	ОН	43065	Check	
Full Name of Contributor	<del></del>		•	Registration Number, if PAC	
Jan Rozanski					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
8038 Tipperary Court				08/28/2019	\$100.00
City	1	State	Zip Code	Form (Cash, Check, Etc	
Dublin		ОН	43017	Check	
Full Name of Contributor				Registration Number, if PAC	tim manife are edinabled and even to be the control of the control
David W. Babner					
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
8618 Hawick Court South				08/28/2019	\$250.00
City	- 1	State	Zip Code	Form (Cash, Check, Etc	
Dublin		ОН	43017	Check	
			-		

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

<b>Total Contributions</b>	This	Event
\$10,425.00		

Total Expenditures	This Event
\$2,778.14	

Page Total \$ 950.00	
r age rotar Ψ	 _

<sup>\*</sup> 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)]



Event Date	08/28/2019	Page 11
Eveni Date	00/20/2019	rage ··

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

	<del></del>				R.C. 3517.10(B)
Full Name of Committee					
Chris Amorose Groomes for Dublin					
Full Name of Contributor			Registration Number, if PAC		
Donna O'Connor					
Street Address	Employer	/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
5065 Winchell Court				08/28/2019	\$250.00
City	:	State	Zip Code	Form (Cash, Check, Etc	
Dublin		ОН	43017	Check	
Full Name of Contributor				Registration Number, if PAC	Andrew Land Control of State Control of Cont
Harris for Ohio Committee					
Street Address	Employer	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2 Miranova Place, Ste. 700	Stuart Harris		08/28/2019	\$250.00	
City	;	State	Zip Code	Form (Cash, Check, Etc	
Columbus	[,	ОН	43215	Check	
Full Name of Contributor			Registration Number, if PAC	Burnella da i merum zur 1800 in	
Street Address	Employer	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			<u> </u>	Registration Number, if PAC	Concernation community distribution (1998) is the first of the con-
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
	1				
Full Name of Contributor			<u> </u>	Registration Number, if PAC	Samuel Name of Marie Committee Control of the Committee Control
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	· 医甲酚基磺胺亚
* D	<u></u>				From the Committee of t

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	

Page Total \$ 500.00
----------------------

<sup>\*</sup> 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)]





#### **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Full Name of Committee				· · ·			
Chris Amorose Groomes for Dublin					•		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC	
Chris Amorose Groomes			At-Large Candida	ite			
Street Address	Descript	ion of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value	
Two Miranova Place, Suite 700	Filing F	<del>-</del> ee				\$45.00	
City		State	Zip Code	Received at Fundraisir	ng Event?		
Columbus		ОН	43215	Yes 🗷 No			
Full Name of Contributor	l.		Employer, Occupation	n, Labor Organization*	Registration Number,	f PAC	
Chris Amorose Groomes			At-Large Candida	ate			
Street Address	Descript	ion of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value	
Two Miranova Place, Suite 700	Office	Supplies - T	hank You Cards		08/29/2019	\$76.29	
City		State	Zip Code	Received at Fundralsin	ng Event?		
Columbus		ОН	43215	☐ Yes 区 No	40		
Full Name of Contributor			Employer, Occupation	mployer, Occupation, Labor Organization* Registration Number, if PAC			
Chris Amorose Groomes		At-Large Cadnidate					
Street Address	Description of Item or Service				Date (MM/DD/YYYY)	Fair Market Value	
Two Miranova Place, Suite 700	Office	Supplies - E	nvelopes		08/29/2019	\$13.48	
City		State	Zip Code	Received at Fundraisi	ng Event?		
Columbus	i	ОН	43215 ☐ Yes ☒ No				
Full Name of Contributor		Ī	Employer, Occupation	n, Labor Organization* Registration Number, if PAC		if PAC	
Chris Amorose Groomes			At-Large Candida	arge Candidate			
Street Address	Descript	tion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
Two Miranova Place, Suite 700	Office	Supplies - S	harpies		08/29/2019	\$12.86	
City	1	State	Zip Code Received at Fundraising Event?				
Columbus		ОН	43215	☐ Yes 🗷 No	⊠ No		
Full Name of Contributor		Employer, Occupation, Labor Organization		Registration Number,	if PAC		
Chris Amorose Groomes			At-Large Candidate				
Street Address	Descrip	tion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
Two Miranova Place, Suite 700	Office	Supplies - P	ostage Stamps		09/16/2016	\$110.00	
City		State	Zip Code	Received at Fundraisi	ng Event?		
Columbus		ОН	43215	☐ Yes 🗵 No	- · · · · - · · ·		

	257.63	
Page Total \$		

<sup>\*</sup> 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

Full Name of Committee			<del></del>	· <u>.</u>	<del></del>		
Chris Amorose Groomes for Dublin							
·		<u> </u>	Emplement Occupation	- Labar Ornanization*	Desistration Number	f DAC	
,				Registration Number, i	IPAC		
Chris Amorose Groomes			At-Large Candida	ate			
Street Address	<b>I</b>	tion of Item or S			,	Fair Market Value	
Two Miranova Place, Suite 700	Office	Supplies - C	lipboards		08/29/2019	\$72.97	
City		State	Zip Code	Received at Fundraising	ng Event?		
Columbus		ОН	43215	☐ Yes 🗵 No			
Full Name of Contributor	<u>-</u>		Employer, Occupation	n, Labor Organization*	Registration Number,	f PAC	
Chris Amorose Groomes			At-Large Candida	ate			
Street Address	Descrip	tion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
Two Miranova Place, Suite 700	Promo	otional - Can	dy for Parade-Car	mpaign kickoff		\$678.00	
City	. 1	State	Zip Code	Received at Fundraisi	ng Event?		
Columbus		он	43215	☐ Yes 🗵 No			
Full Name of Contributor			Employer, Occupation, Labor Organization*   Registration Number, if PAC			if PAC	
Street Address	Descrip	tion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code	Received at Fundraisi	I ng Event?		
				☐ Yes ☐ No			
Full Name of Contributor		Employer, Occupatio	on, Labor Organization* Registration Number, if PAC				
Street Address	Descrip	tion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	<u>.l.</u>	State	Zip Code	Received at Fundraisi	ng Event?	<u> </u>	
			Yes No				
Full Name of Contributor		Employer, Occupation, Labor Organization		Registration Number,	if PAC		
Street Address	Descrip	otion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code	Received at Fundrais	ing Event?	<u> </u>	
				Yes No			
		<del>L </del>		·			

		•
Page Total \$	750.97	-1.

<sup>\*</sup> 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

Full Name of Committee			····			
Chris Amorose Groomes for Dublin						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
The Callard Compnay			09/27/20	19	\$2,960.63	
Street Address	reet Address Purpose					
811 Green Crest Drive, Suite 300	Promotional Printing-Notepads, Tech Tattoos			oos		
City	State Zip Code Check Number			ck Number		
Westerville	он 43081 1035			35		
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Old Trail Printing			09/27/20	19	\$740.56	
Street Address	Purpose					
100 Fornoff Road	Printing - Do	or I	hangers			
City	State	Zip	Code	Che	eck Number	
Columbus	он	432	207	103	34	
To Whom Paid			Date (MM/DD/YYYY) Amount			
Lori Zambito			09/17/2019 \$770.00			
treet Address Purpose				·		
1122 Brookside Court	Graphic Design					
City	State	Zip	Code	Che	eck Number	
Galena	он	430	021	103	32	
To Whom Paid	<del></del>		Date (MM/DD/YYYY)		Amount	
The Callard Company			09/09/20	19	\$891.38	
Street Address	Purpose					
811 Green Crest Drive, Suite 300	Promotiona	Pri	nting			
City	State Zip Code Check Number		eck Number			
Westerville	он 43081 1031		31			
To Whom Paid			Date (MM/DD/YYYY) Amount			
Old Trail Printing			09/09/20	)19	\$303.98	
Street Address	Purpose					
100 Fornoff Road	Promotiona	Pri	inting			
City	State	Zip	Code	Che	eck Number	
Columbus	ОН	43	207	10	30	

Page Total \$	
Page Total \$ '	
. ago .o.a. v	





#### **Statement of Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee						
Chris Amorose Groomes for Dublin						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Huntington National Bank			09/15/201		\$3.00	
Street Address	Purpose					
P.O. Box 1558 EA1W37	Monthly Service Fee					
City	State Zip Code Check Number					
Columbus	ОН	43216 Auto-Debit			to-Debit	
To Whom Paid	Date (MM/DD/YYYY) Amount				Amount	
Huntington National Bank	08/15/2019 \$3.00			\$3.00		
Street Address	Purpose					
P.O. Box 1558 EA1W37	Monthly Service Fee					
City	State	Zip Code Check Number		eck Number		
Columbus	ОН	432	:16	Aut	to-Debit	
To Whom Paid	<del></del>		Date (MM/DD/YYYY)	-	Amount	
Huntington National Bank			07/15/20	19	\$3.00	
Street Address	Purpose					
P.O. Box 1558 EA1W37	Monthly Service Fee					
City	State	Zip Code Check Number			eck Number	
Columbus	он	432	3216 Auto-Debit		to-Debit	
To Whom Paid			Date (MM/DD/YYYY) Amount			
Huntington National Bank			06/15/2019 \$3.00			
Street Address	Purpose					
P.O. Box 1558 EA1W37	Monthly Service Fee					
City	State	Zip	Code	Che	eck Number	
Columbus	ОН	432	216	Au	to-Debit	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Huntington National Bank			05/15/20	19	\$3.00	
Street Address	Purpose					
P.O. Box 1558 EA1W37	Monthly Service Fee					
City	State	Zip	Code	Che	eck Number	
Columbus	ОН	432	216	Au	to-Debit	

Page Total \$\_\_\_\_\_





#### **Statement of Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee						
Chris Amorose Groomes for Dublin	•					
To Whom Paid	•		Date (MANUDDAAAA)	_	Amount	
			Date (MM/DD/YYYY) 04/15/20	- 1		
Huntington National Bank			U4/15/20	اقا	φ3.00	
Street Address Purpose						
P.O. Box 1558 EA1W37	Monthly Service Fee					
City	State	tate Zip Code Check Number				
Columbus	он	43216		Aut	to-Debit	
To Whom Paid	<u>-</u>	Date (MM/DD/YYYY) Amount				
Huntington National Bank			03/15/2019 \$3.00			
Street Address	Purpose					
P.O. Box 1558 EA1W37	Monthly Service Fee					
City	State	Zip Code		Che	Check Number	
Columbus	ОН	432	216	Aut	to-Debit	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Huntington National Bank			02/15/20	119	\$3.00	
Street Address	Purpose				<u> </u>	
P.O. Box 1558 EA1W37	Monthly Service Fee					
City	State	Zip Code Check Number			eck Number	
Columbus	ОН	432	3216 Auto-De		to-Debit	
To Whom Paid			Date (MM/DD/YYYY) Amount			
Huntington National Bank			01/15/20	19	\$3.00	
Street Address	Purpose					
P.O. Box 1558 EA1W37	Monthly Service Fee					
City	State	Zip Code		Che	eck Number	
Columbus	ОН	43216		Au	to-Debit	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip	Code	Che	eck Number	
	ОН					

Page Total \$



			•
Date	 08/28/2019	Page 1	

#### Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee				········	
Chris Amorose Groomes for Dublin					
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Matt Stavroff (Muirfield Village Golf Club)			09/20/2019	\$2778.14	
Street Address Purpose				·	
5952 Whittingham Drive	Food a	d and beverages at fundraising event			
City	State	Zip Code	Check Number		
Dublin	ОН	43017	1033	<b>88.5</b>	
To Whom Paid		I	Date (MM/DD/YYYY)	Amount	
Street Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid		<u>!</u>	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 \$	
Page Total \$	