

Statement of Contributions Received

Form 31-A

ORC 3517.10

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

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