31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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

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

Page Total $ 1,450.00