

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 ROBIN CAMPBELL					Registration Number, if PAC		
Street Address 5565 BRAND ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) MONEYORDER		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 8	Y 1 5	Amount 100.00	
Full Name of Contributor CLARE A. SCOWDEN					Registration Number, if PAC		
Street Address 8196 WINCHCOMBE DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0 7	D 2 8	Y 1 5	Amount 100.00	
Full Name of Contributor ROBERT BOICH					Registration Number, if PAC		
Street Address 7590 BELLAIRE AVE		Employer/Occupation/Labor Organization* Original Contribution 250.00 - Fee 7.55			Form (Cash, Check, etc.) PAYPAL		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 8	Y 1 5	Amount 242.45	
Full Name of Contributor CHRISTINA HEINLEN					Registration Number, if PAC		
Street Address 6440 GREENSTONE LOOP		Employer/Occupation/Labor Organization* Original Contribution 100.00 - Fee 3.20			Form (Cash, Check, etc.) PAYPAL		
City DUBLIN	State O H	Zip Code 43016	M 0 7	D 2 8	Y 1 5	Amount 96.80	
Full Name of Contributor JAMES W. GEESE					Registration Number, if PAC		
Street Address 5550 ASHFORD RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 9	Y 1 5	Amount 250.00	
Full Name of Contributor KATHRYN J. ALLEN					Registration Number, if PAC		
Street Address 5753 HADDINGTON DRIVE		Employer/Occupation/Labor Organization* Original Contribution 250.00 - Fee 7.55			Form (Cash, Check, etc.) PAYPAL		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 9	Y 1 5	Amount 242.45	
Full Name of Contributor SUZANNE L. WALKER					Registration Number, if PAC		
Street Address 7623 RIVERSIDE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0 7	D 3 0	Y 1 5	Amount 100.00	
Full Name of Contributor DAWN ANDERSON BUTCHER					Registration Number, if PAC		
Street Address 9882 ERIN WOODS DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 3 0	Y 1 5	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,381.70