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 ROAD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	06	16	15		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 STREET							CASH	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	06	16	15		100.00	
Full Name of Contributor						Registration Number, if PAC		
RICHARD L. TAYLOR JR.								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4500 BELLAIRE AVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	06	16	15		250.00	
Full Name of Contributor						Registration Number, if PAC		
THOMAS HOLTON								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5957 ROUNDSTONE PLACE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43016	06	16	15		200.00	
Full Name of Contributor						Registration Number, if PAC		
JANIS B. DAVIDSON								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5163 CHAFFINCH CT							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	06	16	15		50.00	
Full Name of Contributor						Registration Number, if PAC		
ASRIEL C. STRIP								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5482 ARYSHIRE DR.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	06	16	15		250.00	
Full Name of Contributor						Registration Number, if PAC		
STEVEN J. LUTZ								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6111 KARRER PLACE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	06	16	15		100.00	
Full Name of Contributor						Registration Number, if PAC		
DONNA F. STEVENSON								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5529 ARYSHIRE DR							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	06	16	15		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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 1,100.00