

# Statement of Expenditures

Prescribed by Secretary of State 2/01

|   |  |                       |                          |                             |   |   |        |
|---|--|-----------------------|--------------------------|-----------------------------|---|---|--------|
| Name of Committee in Full<br><b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>              |  |                       |                          |                             |   |   |        |
| To Whom Paid<br><b>PERFORMANCE PRINTING</b>                                       |  |                       |                          | M                           | D | Y | Amount |
| Address<br><b>7652 SAWMILL ROAD, PMB 349</b>                                      |  |                       |                          | 1                           | 1 | 5 | 166.09 |
| Purpose<br><b>MARKETING</b>   |  |                       |                          |                             |   |   |        |
| City<br><b>DUBLIN</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43017</b> | Check Number<br><b>1017</b> |   |   |        |
| To Whom Paid<br><b>TERRI CORATOLA</b>   |  |                       |                          | M                           | D | Y | Amount |
| Address<br><b>8330 STRASBOURG COURT</b>   |  |                       |                          | 1                           | 2 | 1 | 100.00 |
| Purpose<br><b>RETURN OF CAMPAIGN CASH CONTRIBUTION DUE TO EXCESS CONTRIBUTION</b> |  |                       |                          |                             |   |   |        |
| City<br><b>DUBLIN</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43017</b> | Check Number<br><b>1018</b> |   |   |        |
| To Whom Paid  |  |                       |                          | M                           | D | Y | Amount |
| Address   |  |                       |                          |                             |   |   |        |
| Purpose   |  |                       |                          |                             |   |   |        |
| City  |  | State                 | Zip Code                 | Check Number                |   |   |        |
|   |  |                       |                          |                             |   |   |        |
| To Whom Paid  |  |                       |                          | M                           | D | Y | Amount |
| Address   |  |                       |                          |                             |   |   |        |
| Purpose   |  |                       |                          |                             |   |   |        |
| City  |  | State                 | Zip Code                 | Check Number                |   |   |        |
|   |  |                       |                          |                             |   |   |        |
| To Whom Paid  |  |                       |                          | M                           | D | Y | Amount |
| Address   |  |                       |                          |                             |   |   |        |
| Purpose   |  |                       |                          |                             |   |   |        |
| City  |  | State                 | Zip Code                 | Check Number                |   |   |        |
|   |  |                       |                          |                             |   |   |        |
| To Whom Paid  |  |                       |                          | M                           | D | Y | Amount |
| Address   |  |                       |                          |                             |   |   |        |
| Purpose   |  |                       |                          |                             |   |   |        |
| City  |  | State                 | Zip Code                 | Check Number                |   |   |        |
|   |  |                       |                          |                             |   |   |        |
| To Whom Paid  |  |                       |                          | M                           | D | Y | Amount |
| Address   |  |                       |                          |                             |   |   |        |
| Purpose   |  |                       |                          |                             |   |   |        |
| City  |  | State                 | Zip Code                 | Check Number                |   |   |        |
|   |  |                       |                          |                             |   |   |        |