



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee							
CHRIS AMOROSE GROOMES FOR	R DUBLIN						
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
NOT APPLICABLE							
Street Address	Descript	ion of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code Received at Fundra		sing Event?		
				☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or S				Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code	Received at Fundraisin	ng Event?		
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Num			f PAC	
Street Address	Descrip	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value	
City State		State	Zip Code	Received at Fundraisi	ng Event?		
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City State		Zip Code	Received at Fundraisi	ing Event?			

Page ⁻	Γotal \$	0.00		
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]