

Event Date	08/28/2019	Page 7
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## Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

R.C. 3517.10(B)

Full Name of Committee					
Chris Amorose Groomes for Dublin					
Full Name of Contributor				Registration Number, if PAC	
Robin R. Campbell				· · · · · · · · · · · · · · · · · · ·	
Street Address	Employer	Occupati	on/Lahor Organization*	Date (MM/DD/YYYY)	Amount
5565 Brand Road	Employer/Occupation/Labor Organization*		08/28/2019		
City		State	Zip Code	Form (Cash, Check, Etc	\$250.00 \$
Dublin		ľ	43017	Check	
			70011		
Full Name of Contributor				Registration Number, if PAC	
Michael J. Moran	,				<b></b>
1		mployer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
7056 Shady Nelms Drive				08/28/2019	\$150.00
City	9	State	Zip Code	Form (Cash, Check, Etc	
Dublin		ЭН	43017	Check	
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC	
Steven J. Lutz					
Street Address Emplo		ployer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
6111 Karrer Place			08/28/2019	\$150.00 🗸	
City	<u></u>	State	Zip Code	Form (Cash, Check, Etc	
Dublin		эн і	43017	Check	
Full Name of Contributor				Registration Number, if PAC	
Patricia Baker					
Street Address En		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
5551 Villas Drive				08/28/2019	\$250.00 🗸
City	- 5	State	Zip Code	Form (Cash, Check, Etc	
Dublin	\cdot	ОН	43017	Check	
Full Name of Contributor			Registration Number, if PAC	e distributible di la comi esta di la comi di la comi e de la comi e de la comi e de la comi e de la comi e de La comi e de la comi	
Cynthia A. Lima					
Street Address Employer/Occupation/Labor Orga		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
6690 Mooney Street	et et		08/28/2019	\$250.00 🗸	
City	<u> </u>	State	Zip Code	Form (Cash, Check, Etc	
Dublin	l	ОН	43017	Check	
<u> </u>			<u></u>	<u> </u>	alambili dika ta pata a a a a a a a a a a a a a a a

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

<b>Total Contributions</b>	This	Event
\$10,425.00		

Total Expenditures This Event \$2,778.14

	Page Total \$
- 1	

<sup>\*</sup> 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 also appear. [R.C. 3517.10(B)(4)]