



**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 Jeffrey Holowicki			Registration Number, if PAC	
Street Address 6810 Still house Lane	Employer/Occupation/Labor Organization* Owner/Smiley Dental Group		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, Etc) Check	
Full Name of Contributor Kristin R. Holowicki			Registration Number, if PAC	
Street Address 6810 Stillhouse Lane	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, Etc) Check	
Full Name of Contributor John W. Royer			Registration Number, if PAC	
Street Address 1480 Dublin Road	Employer/Occupation/Labor Organization* Kohr Royer Griffith, Inc.		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Edward A. Bacome			Registration Number, if PAC	
Street Address 500 Stonehenge Parkway	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Henry Steel Investments, Ltd.			Registration Number, if PAC	
Street Address 5952 Whittingham Road	Employer/Occupation/Labor Organization* Matt Stavroff/Owner		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	

* 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)]

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 form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
\$10,425.00

Total Expenditures This Event
\$2,778.14

Page Total \$ **1250** ✓