



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 Grooms for Dublin				
Full Name of Contributor Margery Amorose			Registration Number, if PAC	
Street Address 8160 Winchcombe Drive	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 Roger C. Rabold			Registration Number, if PAC	
Street Address 5065 Winchell Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Judith A. Godsey			Registration Number, if PAC	
Street Address 467 Charles Spring Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$100.00 ✓
City Powell	State OH	Zip Code 43065	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jan Rozanski			Registration Number, if PAC	
Street Address 8038 Tipperary Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$100.00 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor David W. Babner			Registration Number, if PAC	
Street Address 8618 Hawick Court South	Employer/Occupation/Labor Organization*		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 \$ 950.00