



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 Michael R. Nosan			Registration Number, if PAC	
Street Address 209 E. Arcadia Ave., Apt. 2	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, Etc) Check	
Full Name of Contributor Mark-Tami Hotta			Registration Number, if PAC	
Street Address 8022 Craginhal Lane	Employer/Occupation/Labor Organization* IF Consulting Services, LLC		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 Charles W. Kranstuber			Registration Number, if PAC	
Street Address 5512 Caplestone Lane	Employer/Occupation/Labor Organization* Attorney		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 Page Vornbrock			Registration Number, if PAC	
Street Address 8863 Vineyard Drive	Employer/Occupation/Labor Organization* Realtor/Haid Enterprises		Date (MM/DD/YYYY) 08/28/2019	Amount \$200.00 ✓
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, Etc) Check	
Full Name of Contributor Todd M. Follmer			Registration Number, if PAC	
Street Address 10696 Abington Place	Employer/Occupation/Labor Organization* Owner/Heinlen-Follmer Inc.		Date (MM/DD/YYYY) 08/28/2019	Amount \$200.00 ✓
City Powell	State OH	Zip Code 43065	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 \$ 1,000.00