



**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 Anne Thompson			Registration Number, if PAC	
Street Address 8022 Craighall Lane	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 Brandi L. Van Bourgondien			Registration Number, if PAC	
Street Address 6585 Weston Circle East	Employer/Occupation/Labor Organization* ZOLL Medical Corporation		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 Dawn Anderson-Butcher			Registration Number, if PAC	
Street Address 9882 Erin Woods Drive	Employer/Occupation/Labor Organization* Ohio State Univeristy		Date (MM/DD/YYYY) 08/28/2019	Amount \$150.00 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Antonia C. Carter			Registration Number, if PAC	
Street Address 8916 Locherbie Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$125.00 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael J. Lamping			Registration Number, if PAC	
Street Address 9311 Burnett Lane	Employer/Occupation/Labor Organization* First Federal Lakewood		Date (MM/DD/YYYY) 08/28/2019	Amount \$100.00 ✓
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 \$ **875.00**