31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
CHRIS AMOROSE GROOMES FOR DUBLIN								
Full Name of Contributor							Registration Number, if PAC	
ROBIN CAMPBELL								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5565 BRAND ROAD							MONEYORDER	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	O | H	43017	0 7	2 8	1 5		100.00	
Full Name of Contributor							Registration Number, if PAC	
CLARE A. SCOWDEN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8196 WINCHCOMBE DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	O | H	43016	0 7	2 8	1 5		100.00	
Full Name of Contributor							Registration Number, if PAC	
ROBERT BOICH								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7590 BELLAIRE AVE	Original Contribution 250.00 - Fee 7.55						PAYPAL	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	O | H	43017	0 7	2 8	1 5		242.45	
Full Name of Contributor							Registration Number, if PAC	
CHRISTINA HEINLEN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6440 GREENSTONE LOOP	Original Contribution 100.00 - Fee 3.20						PAYPAL	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	O | H	43016	0 7	2 8	1 5		96.80	
Full Name of Contributor							Registration Number, if PAC	
JAMES W. GEESE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5550 ASHFORD RD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	O | H	43017	0 7	2 9	1 5		250.00	
Full Name of Contributor							Registration Number, if PAC	
KATHRYN J. ALLEN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5753 HADDINGTON DRIVE	Original Contribution 250.00 - Fee 7.55						PAYPAL	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	O | H	43017	0 7	2 9	1 5		242.45	
Full Name of Contributor							Registration Number, if PAC	
SUZANNE L. WALKER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7623 RIVERSIDE DR							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	O | H	43016	0 7	3 0	1 5		100.00	
Full Name of Contributor							Registration Number, if PAC	
DAWN ANDERSON BUTCHER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9882 ERIN WOODS DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	O | H	43017	0 7	3 0	1 5		250.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 1,381.70