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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Dr. Combactory								
Name of Committee in Full  CHRIS AMOROSE CROOMES FOR I	CI INI IN	. T						<del></del>
CHRIS AMOROSE GROOMES FOR I	OURLIL	<u> </u>	<del></del>	<del></del>				
registi					tration Number, if PAC			
BRUCE BURKHOLDER Street Address	Is to						•	
	1 '. '	•	ation/Labor Organization*				Form (Cash, Check, etc.)	
10291 SYLVIAN DR		Attorney					CHECK	
City	l	ate	Zip Code	М	D	Y	Amount	<del></del> .
DUBLIN	0	H	43017	0 6				250.00
Full Name of Contributor				Registr	ation Nun	iber, if Pa	AC	
CAP CLEGG								
Street Address	Employer	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
5334 MCGINTY CT							CHECK	
City	Sta		Zip Code	М	D	Y	Amount	
<u>DUB</u> LIN	0	H	43017	015	019	115		250.00
Full Name of Contributor			<del></del>		ation Nun			
KATHY B. SPENCER								
Street Address	Employer	r/Occup	ation/Labor Organization*				Form (Cash, Chec	k. etc.)
8094 HOLYROOD CT				1 3111			CHECK	*:
City	Sta	ate	Zip Code	М	Гр	Y	Amount	
DUBLIN		Н	43017		017			75.00
Full Name of Contributor			43017		tion Num			75.00
OHIOHEALTH STAR COPR - PAC				I -		•	AC .	
Street Address	Employe	(Cana)	P. O. I. O. I. Indian	Cu	02106	17		
	Employer	r/Occupa	ation/Labor Organization*				Form (Cash, Check	k, etc.)
180 E. BROAD STREET, 34TH FL			T				CHECK	
	Sta		Zip Code	М	D,	Y	Amount	
COLUMBUS	101	Н	43215	0 6	0 9	1 5	<u> </u>	100.00
Full Name of Contributor				Registra	ition Num	ber, if PA	IC .	
MARGERY S. AMOROSE								
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Check	c, etc.)
8150 WINCHCOMBE DR.	[						CHECK	
City	Sta	ite	Zip Code	М	D	Y	Amount	
DUBLIN	01	Н	43016	016	115	115	i	250.00
Full Name of Contributor			<u> </u>		tion Num			200.00
D.P. AMOROSE								
Street Address	Employer	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					etc \	
8150 WINCHCOMBE DR.	' '						CHECK	., c.c. <i>j</i>
City	Stat	te	Zip Code	М	D	Y		
DUBLIN	0	Н	43016			1	Amount	250.00
Full Name of Contributor	101	1.	43010		1 6			250.00
JOHN F. HARDT				Kegisira	tion Num	er, if PA	С	
Street Address	Ici		· - · · · · · · · · · · · · · · · · · ·	<u> </u>				
	i:mpioyer/	Employer/Occupation/Labor Organization*			Form (Cash, Check	, etc.)		
9839 EAGLE DR.							CHECK	
City	Stat	1	Zip Code	M	D	Y	Amount	
HUNTSVILLE	0	Н	43324	0 6	1 6	1   5		250.00
Full Name of Contributor Registration Number, if PAC								
MARGARET E. BUTLER	_							
Street Address	Employer/	Occupat	tion/Labor Organization*	-			Form (Cash, Check,	, etc.)
5714 HADDINGTON DRIVE							CHECK	•
City	Stat	ie	Zip Code	М	D	Ÿ	Amount	
DUBLIN	01	Ηĺ	43017	1	1 6			200.00
	_ <del></del>			VIV	TIO	410	4	200.00

Page Total \$	1,625.00

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)]