

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 BRUCE BURKHOLDER					Registration Number, if PAC		
Street Address 10291 SYLVIAN DR		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 2	Amount 250.00	
Full Name of Contributor CAP CLEGG					Registration Number, if PAC		
Street Address 5334 MCGINTY CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 5	Y 0	Amount 250.00	
Full Name of Contributor KATHY B. SPENCER					Registration Number, if PAC		
Street Address 8094 HOLYROOD CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 0	Amount 75.00	
Full Name of Contributor OHIOHEALTH STAR COPR - PAC					Registration Number, if PAC C00210617		
Street Address 180 E. BROAD STREET, 34TH FL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 6	Y 0	Amount 100.00	
Full Name of Contributor MARGERY S. AMOROSE					Registration Number, if PAC		
Street Address 8150 WINCHCOMBE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 6	Y 1	Amount 250.00	
Full Name of Contributor D.P. AMOROSE					Registration Number, if PAC		
Street Address 8150 WINCHCOMBE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 6	Y 1	Amount 250.00	
Full Name of Contributor JOHN F. HARDT					Registration Number, if PAC		
Street Address 9839 EAGLE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HUNTSVILLE	State O H	Zip Code 43324	M 0	D 6	Y 1	Amount 250.00	
Full Name of Contributor MARGARET E. BUTLER					Registration Number, if PAC		
Street Address 5714 HADDINGTON DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1	Amount 200.00	

* 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 \$ 1,625.00