

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 DEBBIE S. RICHARDS					Registration Number, if PAC		
Street Address 7290 CONCORD BEND DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City POWELL	State O H	Zip Code 43065	M 0 9	D 0 2	Y 1 5	Amount 250.00	
Full Name of Contributor CHARLES P. DRISCOLL					Registration Number, if PAC		
Street Address 905 BABBINGTON CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0 9	D 0 2	Y 1 5	Amount 200.00	
Full Name of Contributor ROBERT U. MILLER					Registration Number, if PAC		
Street Address 5658 LOCH BROOM CIR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 100.00	
Full Name of Contributor CARA S. ALBRIGHT					Registration Number, if PAC		
Street Address 8145 TIMBLE FALLS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0 9	D 0 2	Y 1 5	Amount 50.00	
Full Name of Contributor DAVID A. PHILLIPS					Registration Number, if PAC		
Street Address 7180 COVENTRY WOODS CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00	
Full Name of Contributor KENT J. PODOBINSKI					Registration Number, if PAC		
Street Address 8162 SUMMERHOUSE DR W.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0 9	D 0 2	Y 1 5	Amount 100.00	
Full Name of Contributor JULIE S. BACOME					Registration Number, if PAC		
Street Address 5400 MUIRFIELD CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 250.00	
Full Name of Contributor PAUL G. GHIDOTTI					Registration Number, if PAC		
Street Address 6840 MACNEIL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 9	D 0 2	Y 1 5	Amount 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 \$ 1,450.00