



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Chris Amorose Groomes for Dublin				
Full Name of Contributor Robert U. Miller			Registration Number, if PAC	
Street Address 5658 Loch Broom Circe		Employer/Occupation/Labor Organization* Real Estate Agent		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/28/2019	Amount \$200.00 ✓
Full Name of Contributor Richard Malir			Registration Number, if PAC	
Street Address 5800 Griffiths Lane		Employer/Occupation/Labor Organization* CEO - City Barbeque		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 09/03/2019	Amount \$250.00 ✓
Full Name of Contributor Jamie P. Menges			Registration Number, if PAC	
Street Address 9402 Tartan Ridge Blvd.		Employer/Occupation/Labor Organization* Financial Advisor		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/04/2019	Amount \$250.00 ✓
Full Name of Contributor John E. Francis			Registration Number, if PAC	
Street Address 8441 Kilbirnie Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/08/2019	Amount \$250.00 ✓
Full Name of Contributor Paul Gelpi			Registration Number, if PAC	
Street Address 1535 Bethel Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/09/2019	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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$1,200.00 ✓