



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Chris Amorose Groomes for Dublin				
Full Name of Contributor Samuel E. Smiley			Registration Number, if PAC	
Street Address 5598 Preston Mill Way		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019
City Dublin		State OH	Zip Code 43017	Amount \$250.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor A.C. Strip			Registration Number, if PAC	
Street Address 1482 Stewart Place		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019
City Blacklick		State OH	Zip Code 43004	Amount \$100.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor Ronald L. Geese			Registration Number, if PAC	
Street Address 5584 Brand Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019
City Dublin		State OH	Zip Code 43017	Amount \$100.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor David Amorose			Registration Number, if PAC	
Street Address 8150 Winchcome Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019
City Dublin		State OH	Zip Code 43016	Amount \$250.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor Anne F. Geese			Registration Number, if PAC	
Street Address 5584 Brand Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019
City Dublin		State OH	Zip Code 43017	Amount \$250.00 ✓
Form (Cash, Check, Etc) Check				

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
\$10,425.00

Total Expenditures This Event
\$2,778.14

Page Total \$950.00