

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN				
Full Name of Contributor SAM SMILEY		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 5598 PRESTON MILL WAY		Description of Item or Service FOOD & BEVERAGES		M D Y Fair Market Value 0 6 1 16 1 5 223.22
City DUBLIN		State O H	Zip Code 43017	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor CHRIS AMOROSE GROOMES		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address TWO MIRANOVA PLACE, 7TH FL		Description of Item or Service MAILINGS		M D Y Fair Market Value 0 6 2 1 1 5 59.40
City COLUMBUS		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor CHRIS AMOROSE GROOMES		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address TWO MIRANOVA PLACE, 7TH FL		Description of Item or Service FOOD & BEVERAGES		M D Y Fair Market Value 0 6 2 18 1 5 712.50
City COLUMBUS		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor CHRIS AMOROSE GROOMES		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address TWO MIRANOVA PLACE, 7TH FL		Description of Item or Service MARKETING		M D Y Fair Market Value 0 9 2 1 1 5 503.57
City COLUMBUS		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor CHRIS AMOROSE GROOMES		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address TWO MIRANOVA PLACE, 7TH FL		Description of Item or Service PRINTING		M D Y Fair Market Value 0 8 1 19 1 5 77.51
City COLUMBUS		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor ROGER C. RABOLD		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 5065 WINCHELL COURT		Description of Item or Service FOOD & BEVERAGES		M D Y Fair Market Value 1 0 0 2 1 5 55.00
City DUBLIN		State O H	Zip Code 43017	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor KATHLEEN KEMP		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 8042 HOLYROOD COURT		Description of Item or Service FOOD & BEVERAGES		M D Y Fair Market Value 0 6 0 5 1 5 247.50
City DUBLIN		State O H	Zip Code 43017	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor LEN KEMP		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 8042 HOLYROOD COURT		Description of Item or Service FOOD & BEVERAGES		M D Y Fair Market Value 0 6 0 5 1 5 247.50
City DUBLIN		State O H	Zip Code 43017	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]