31-B
R.C. 3517.10

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN					
THE HUNTINGTON NATIONAL BANK			Check Number 1 1 1 6 1 5		2.50
Address P.O. BOX 1558 EA1W37	Purpose MONTHLY SERVICE CHARGE -AUTO DEBIT FROM ACCOUNT				
City COLUMBUS	State O H	Zip Code 43216	Check Number N/A		
To Whom Paid STAVROFF INTERESTS, LTD.			M D Y 0 3 0 2 1 6		Amount 125.00
Address 565 METRO PLACE S. STE 480	Purpose RETURN OF CAMPAIGN CASH CONTRIBUTION DUE TO EXCESS CONTRIBUTION RECEIVED FROM FRANK STAVROFF- HOLDER OF 50% MEMBERSHIP INTEREST				
City DUBLIN	State O H	Zip Code 43017	Check Number 1025		
To Whom Paid INTENTIONALLY LEFT BLANK			M D Y		Amount
Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid INTENTIONALLY LEFT BLANK			M D Y		Amount
Address	Purpose				
City	State	Zip Code	Check Number		
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Address	Purpose				
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Address	Purpose				
City	State	Zip Code	Check Number		

Page Total $ 127.50