

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 KEVIN F. EICHNER					Registration Number, if PAC		
Street Address 9251 DIN EIDYN DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 0	Amount 50.00	
Full Name of Contributor STEVEN J. SIMONETTI					Registration Number, if PAC		
Street Address 7115 CALABRIA PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 9	Y 0	Amount 100.00	
Full Name of Contributor SUZANNE L. GRABILL					Registration Number, if PAC		
Street Address 2970 ARBUCKLE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LONDON	State O H	Zip Code 43140	M 0	D 9	Y 0	Amount 250.00	
Full Name of Contributor PATRICK M. GRABILL					Registration Number, if PAC		
Street Address 2970 ARBUCKLE RD N.W.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LONDON	State O H	Zip Code 43140	M 0	D 9	Y 0	Amount 250.00	
Full Name of Contributor TODD D. FOLLMER					Registration Number, if PAC		
Street Address 10696 ABINGTON PL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City POWELL	State O H	Zip Code 43065	M 0	D 9	Y 0	Amount 100.00	
Full Name of Contributor ASHLEY L. BOICH					Registration Number, if PAC		
Street Address 4435 BELLAIRE AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 0	Amount 250.00	
Full Name of Contributor JEFFREY D. STAVROFF					Registration Number, if PAC		
Street Address 7078 DUBLIN RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 0	Amount 250.00	
Full Name of Contributor FRANK STAVROFF					Registration Number, if PAC		
Street Address 5593 PRESTON MILL WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 0	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 \$ 1,500.00