

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                      |  |                       |                                         |                          |  |                             |                                          |                   |  |                   |  |                         |  |
|----------------------------------------------------------------------|--|-----------------------|-----------------------------------------|--------------------------|--|-----------------------------|------------------------------------------|-------------------|--|-------------------|--|-------------------------|--|
| Name of Committee in Full<br><b>CHRIS AMOROSE GROOMES FOR DUBLIN</b> |  |                       |                                         |                          |  |                             |                                          |                   |  |                   |  |                         |  |
| Full Name of Contributor<br><b>DEBBIE S. RICHARDS</b>                |  |                       |                                         |                          |  | Registration Number, if PAC |                                          |                   |  |                   |  |                         |  |
| Street Address<br><b>7290 CONCORD BEND DR</b>                        |  |                       | Employer/Occupation/Labor Organization* |                          |  |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |                   |  |                   |  |                         |  |
| City<br><b>POWELL</b>                                                |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43065</b> |  | M<br><b>0   9</b>           |                                          | D<br><b>0   2</b> |  | Y<br><b>1   5</b> |  | Amount<br><b>250.00</b> |  |
| Full Name of Contributor<br><b>CHARLES DRISCOLL</b>                  |  |                       |                                         |                          |  | Registration Number, if PAC |                                          |                   |  |                   |  |                         |  |
| Street Address<br><b>905 BABBINGTON CT</b>                           |  |                       | Employer/Occupation/Labor Organization* |                          |  |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |                   |  |                   |  |                         |  |
| City<br><b>WESTERVILLE</b>                                           |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43081</b> |  | M<br><b>0   9</b>           |                                          | D<br><b>0   2</b> |  | Y<br><b>1   5</b> |  | Amount<br><b>200.00</b> |  |
| Full Name of Contributor<br><b>ROBERT U. MILLER</b>                  |  |                       |                                         |                          |  | Registration Number, if PAC |                                          |                   |  |                   |  |                         |  |
| Street Address<br><b>5658 LOCH BROOM CIR</b>                         |  |                       | Employer/Occupation/Labor Organization* |                          |  |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |                   |  |                   |  |                         |  |
| City<br><b>DUBLIN</b>                                                |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43017</b> |  | M<br><b>0   9</b>           |                                          | D<br><b>0   2</b> |  | Y<br><b>1   5</b> |  | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>CARA S. ALBRIGHT</b>                  |  |                       |                                         |                          |  | Registration Number, if PAC |                                          |                   |  |                   |  |                         |  |
| Street Address<br><b>8145 TIMBLE FALLS DR</b>                        |  |                       | Employer/Occupation/Labor Organization* |                          |  |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |                   |  |                   |  |                         |  |
| City<br><b>DUBLIN</b>                                                |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43016</b> |  | M<br><b>0   9</b>           |                                          | D<br><b>0   2</b> |  | Y<br><b>1   5</b> |  | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>DAVID A. PHILLIPS</b>                 |  |                       |                                         |                          |  | Registration Number, if PAC |                                          |                   |  |                   |  |                         |  |
| Street Address<br><b>7180 COVENTRY WOODS CT</b>                      |  |                       | Employer/Occupation/Labor Organization* |                          |  |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |                   |  |                   |  |                         |  |
| City<br><b>DUBLIN</b>                                                |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43017</b> |  | M<br><b>0   9</b>           |                                          | D<br><b>0   2</b> |  | Y<br><b>1   5</b> |  | Amount<br><b>250.00</b> |  |
| Full Name of Contributor<br><b>KENT J. PODOBINSKI</b>                |  |                       |                                         |                          |  | Registration Number, if PAC |                                          |                   |  |                   |  |                         |  |
| Street Address<br><b>8162 SUMMERHOUSE DR W.</b>                      |  |                       | Employer/Occupation/Labor Organization* |                          |  |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |                   |  |                   |  |                         |  |
| City<br><b>DUBLIN</b>                                                |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43016</b> |  | M<br><b>0   9</b>           |                                          | D<br><b>0   2</b> |  | Y<br><b>1   5</b> |  | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>JULIE S. BACOME</b>                   |  |                       |                                         |                          |  | Registration Number, if PAC |                                          |                   |  |                   |  |                         |  |
| Street Address<br><b>5400 MUIRFIELD CT</b>                           |  |                       | Employer/Occupation/Labor Organization* |                          |  |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |                   |  |                   |  |                         |  |
| City<br><b>DUBLIN</b>                                                |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43017</b> |  | M<br><b>0   9</b>           |                                          | D<br><b>0   2</b> |  | Y<br><b>1   5</b> |  | Amount<br><b>250.00</b> |  |
| Full Name of Contributor<br><b>PAUL G. GHIDOTTI</b>                  |  |                       |                                         |                          |  | Registration Number, if PAC |                                          |                   |  |                   |  |                         |  |
| Street Address<br><b>6840 MACNEIL DR</b>                             |  |                       | Employer/Occupation/Labor Organization* |                          |  |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |                   |  |                   |  |                         |  |
| City<br><b>DUBLIN</b>                                                |  | State<br><b>O   H</b> |                                         | Zip Code<br><b>43017</b> |  | M<br><b>0   9</b>           |                                          | D<br><b>0   2</b> |  | Y<br><b>1   5</b> |  | Amount<br><b>250.00</b> |  |

\* 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 \$ 1,450.00