



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Chris Amorose Groomes for Dublin				
Full Name of Contributor Marian E. Gelpi			Registration Number, if PAC	
Street Address 7195 Riverside Drive	Employer/Occupation/Labor Organization* WesBanco/Development Manager		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 09/10/2019	Amount \$250.00 ✓
Full Name of Contributor Peter L. Coratola, Jr.			Registration Number, if PAC	
Street Address 8330 Strasbourgh Court	Employer/Occupation/Labor Organization* President/Ease Logistics		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/18/2019	Amount \$250.00 ✓
Full Name of Contributor Peter L. Coratola, Sr.			Registration Number, if PAC	
Street Address 8330 Strasbourgh Court	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/27/2019	Amount \$250.00 ✓
Full Name of Contributor Tonya Y. Burkholder			Registration Number, if PAC	
Street Address 10291 Sylvian Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/30/2019	Amount \$250.00 ✓
Full Name of Contributor Kevin Burkholder			Registration Number, if PAC	
Street Address 10291 Sylvian Drive	Employer/Occupation/Labor Organization* Student		Form (Cash, Check, etc.) Cash	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/30/2019	Amount \$50.00 ✓

*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 also appear. [R.C. 3517.10(B)(4)]