31-A
R.C. 3517.10

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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											Registration Number, if PAC		
CATHY J. ANDREWS													
	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
6024 GLENFINNAN CT												CHECK	
	State	Zip Code	M		D		Y					Amount	
DUBLIN	O H	43017	0	9	2	1	1	5				100.00	
Full Name of Contributor											Registration Number, if PAC		
S. KEMPER													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
8031 CROSSGATE CT. S.												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DUBLIN	O H	43017	0	9	2	2	1	5				250.00	
Full Name of Contributor											Registration Number, if PAC		
MARIAN E. GELPI													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
7195 RIVERSIDE DR												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DUBLIN	O H	43016	0	9	2	5	1	5				250.00	
Full Name of Contributor											Registration Number, if PAC		
STEVEN DRITZ													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
5174 FOREST RUN DRIVE	Original Contribution 50.00 - Fee 3.45											PAYPAL	
City	State	Zip Code	M		D		Y					Amount	
DUBLIN	O H	43017	0	9	2	6	1	5				46.55	
Full Name of Contributor											Registration Number, if PAC		
BIA BUILD PAC OF CENTRAL OHIO											N/A LOCAL PAC		
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
495 EXECUTIVE CAMPUS DRIVE												CHECK	
City	State	Zip Code	M		D		Y					Amount	
WESTERVILLE	O H	43082	0	9	2	9	1	5				250.00	
Full Name of Contributor											Registration Number, if PAC		
PAUL A. GELPI													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
1535 BETHEL ROAD												CHECK	
City	State	Zip Code	M		D		Y					Amount	
COLUMBUS	O H	43220	0	9	2	9	1	5				250.00	
Full Name of Contributor											Registration Number, if PAC		
WILLIAM P. CSEPLO													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
28571 CALABRIA COURT, NO 102												CHECK	
City	State	Zip Code	M		D		Y					Amount	
NAPLES	F L	34110	1	0	0	5	1	5				125.00	
Full Name of Contributor											Registration Number, if PAC		
CHARLES W. KRANSTUBER													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
5512 CAPLESTONE LANE												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DUBLIN	O H	43017	1	0	0	5	1	5				100.00	

* 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 $ 1,371.55