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	
DANIEL J. SUTPHEN								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5832 LEVEN LINK CT							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	10	18	15		250.00	
Full Name of Contributor							Registration Number, if PAC	
ALLISON M. SWEENEY								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6987 GRANDEE CLIFFS DR.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43016	10	18	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
JASON LAUDICK								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8708 TAYPORT DRIVE	Original Contribution 250.00 - Fee 7.55						PAYPAL	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	10	19	15		242.45	
Full Name of Contributor							Registration Number, if PAC	
STUART W. HARRIS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4634 BRIDLE PATH LANE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	10	20	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
DAVID MATTHEWS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7177 DUBLIN ROAD	Original Contribution 100.00 - Fee 3.20						PAYPAL	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	10	22	15		96.80	
Full Name of Contributor							Registration Number, if PAC	
PHILIP CAMPISI								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9999 BREWSTER LANE	Original Contribution 200.00 - Fee 6.10						PAYPAL	
City	State	Zip Code	M	D	Y		Amount	
POWELL	OH	43065	10	26	15		193.90	
Full Name of Contributor							Registration Number, if PAC	
F. SCOTT TRAVIS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5881 LEVEN LINKS CT.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	11	01	15		200.00	
Full Name of Contributor							Registration Number, if PAC	

* 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 $ 1,058.15