

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 BEVERLY A. TRABUE						Registration Number, if PAC	
Street Address 5888 LEVEN LINKS COURT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0	D 8	Y 1 5	Amount 250.00
Full Name of Contributor JERRY L. TRABUE						Registration Number, if PAC	
Street Address 5888 LEVEN LINKS COURT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0	D 8	Y 1 5	Amount 250.00
Full Name of Contributor JANE ENSIGN						Registration Number, if PAC	
Street Address 8833 BELISLE CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0	D 8	Y 2 7	Amount 100.00
Full Name of Contributor DONALD HUNTER						Registration Number, if PAC	
Street Address 8120 TILLINGHAST DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0	D 8	Y 3 1	Amount 250.00
Full Name of Contributor JODI RHODES						Registration Number, if PAC	
Street Address 6475 GREENSTONE LOOP			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43016	M 0	D 9	Y 0 2	Amount 100.00
Full Name of Contributor KEVIN MCCAULEY						Registration Number, if PAC	
Street Address 4076 PIONEER CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City POWELL		State O H	Zip Code 43065	M 0	D 9	Y 0 1	Amount 250.00
Full Name of Contributor KEITH TOMLINSON						Registration Number, if PAC	
Street Address 8550 TARTAN FIELDS DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0	D 9	Y 0 2	Amount 100.00
Full Name of Contributor RONALD B. GARVEY						Registration Number, if PAC	
Street Address 5900 TARTAN CIRCLE S			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0	D 9	Y 0 2	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 \$ 1,550.00