

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 JAY B. EGGSPUEHLER					Registration Number, if PAC		
Street Address 7250 COFFMAN RD		Employer/Occupation/Labor Organization* LAWYER			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 100.00	
Full Name of Contributor CRAIG BARNUM					Registration Number, if PAC		
Street Address 35 N HIGH ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 100.00	
Full Name of Contributor TERRI CORATOLA [*\$100 Returned/ See Expenditures]					Registration Number, if PAC		
Street Address 8330 STRASBOURG CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City DUBLIN	State O H	Zip Code 43017	M 0 6	D 1 6	Y 1 5	Amount 200.00	
Full Name of Contributor BRETT VAN BOURGONDIE					Registration Number, if PAC		
Street Address 6585 WESTON CIRCLE EAST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0 7	D 0 4	Y 1 5	Amount 250.00	
Full Name of Contributor PETER L. CORATOLA SR.					Registration Number, if PAC		
Street Address 37 W. BRIDGE STREET, STE 105		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 0	Y 1 5	Amount 250.00	
Full Name of Contributor MICHAEL J. MORAN					Registration Number, if PAC		
Street Address 7056 SHADY NELMS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 1	Y 1 5	Amount 100.00	
Full Name of Contributor WILLIAM T. BROWNAS					Registration Number, if PAC		
Street Address 7365 BELLAIRE AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 7	Y 1 5	Amount 200.00	
Full Name of Contributor CRAIG L. ZIMMERS					Registration Number, if PAC		
Street Address 8864 NAIRN CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 2 7	Y 1 5	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 \$ 1,450.00