

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN												
To Whom Paid ISAAC WILES						M	D	Y	Amount			
						0	6	2	7	1	5	85.00
Address TWO MIRANOVA PLACE, STE 700				Purpose CANDIDACY FILING								
City COLUMBUS				State O H		Zip Code 43215		Check Number 1001				
To Whom Paid R SQUARED COMMUNICATIONS						M	D	Y	Amount			
						0	6	2	7	1	5	300.00
Address 7145 ABBEY MARIE CT				Purpose WEBSITE DESIGN								
City DUBLIN				State O H		Zip Code 43017		Check Number 1002				
To Whom Paid LORI ZAMBITO						M	D	Y	Amount			
						0	8	0	3	1	5	280.00
Address 2211 KILLDEER PLACE				Purpose MARKETING								
City GALENA				State O H		Zip Code 43021		Check Number 1003				
To Whom Paid CALLARD PROMOTIONAL						M	D	Y	Amount			
						0	8	0	4	1	5	1,831.02
Address 5780 ZARLEY STREET, SUITE B				Purpose MARKETING								
City NEW ALBANY				State O H		Zip Code 43054		Check Number 1004				
To Whom Paid CALLARD PROMOTIONAL						M	D	Y	Amount			
						0	8	0	4	1	5	2,408.87
Address 5780 ZARLEY STREET, SUITE B				Purpose MARKETING								
City NEW ALBANY				State O H		Zip Code 43054		Check Number 1005				
To Whom Paid LORI ZAMBITO						M	D	Y	Amount			
						0	8	0	4	1	5	373.75
Address 2211 KILLDEER PLACE				Purpose MARKETING								
City GALENA				State O H		Zip Code 43021		Check Number 1006				
To Whom Paid PROFORMA						M	D	Y	Amount			
						0	8	2	1	1	5	537.30
Address PO BOX 640814				Purpose MARKETING MERCHANDISE								
City CINCINNATI				State O H		Zip Code 45264		Check Number 1007				
To Whom Paid PROFORMA						M	D	Y	Amount			
						0	8	2	1	1	5	107.06
Address PO BOX 640814				Purpose MARKETING MERCHANDISE								
City CINCINNATI				State O H		Zip Code 45264		Check Number 1008				