

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>				
Full Name of Contributor <b>NOT APPLICABLE</b>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.)	
City	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code	M   D   Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.)	
City	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code	M   D   Y	Amount
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\* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$0.00**