

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 ROBIN CAMPBELL						Registration Number, if PAC			
Street Address 5565 BRAND ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) MONEYORDER		
City DUBLIN		State O H		Zip Code 43017		M 0		D 7	
						Y 2		Amount 100.00	
Full Name of Contributor CLARE A. SCOWDEN						Registration Number, if PAC			
Street Address 8196 WINCHCOMBE DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN		State O H		Zip Code 43016		M 0		D 7	
						Y 2		Amount 100.00	
Full Name of Contributor ROBERT BOICH						Registration Number, if PAC			
Street Address 7590 BELLAIRE AVE			Employer/Occupation/Labor Organization* Original Contribution 250.00 - Fee 7.55				Form (Cash, Check, etc.) PAYPAL		
City DUBLIN		State O H		Zip Code 43017		M 0		D 7	
						Y 2		Amount 242.45	
Full Name of Contributor CHRISTINA HEINLEN						Registration Number, if PAC			
Street Address 6440 GREENSTONE LOOP			Employer/Occupation/Labor Organization* Original Contribution 100.00 - Fee 3.20				Form (Cash, Check, etc.) PAYPAL		
City DUBLIN		State O H		Zip Code 43016		M 0		D 7	
						Y 2		Amount 96.80	
Full Name of Contributor JAMES W. GEESE						Registration Number, if PAC			
Street Address 5550 ASHFORD RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN		State O H		Zip Code 43017		M 0		D 7	
						Y 2		Amount 250.00	
Full Name of Contributor KATHRYN J. ALLEN						Registration Number, if PAC			
Street Address 5753 HADDINGTON DRIVE			Employer/Occupation/Labor Organization* Original Contribution 250.00 - Fee 7.55				Form (Cash, Check, etc.) PAYPAL		
City DUBLIN		State O H		Zip Code 43017		M 0		D 7	
						Y 2		Amount 242.45	
Full Name of Contributor SUZANNE L. WALKER						Registration Number, if PAC			
Street Address 7623 RIVERSIDE DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN		State O H		Zip Code 43016		M 0		D 7	
						Y 3		Amount 100.00	
Full Name of Contributor DAWN ANDERSON BUTCHER						Registration Number, if PAC			
Street Address 9882 ERIN WOODS DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN		State O H		Zip Code 43017		M 0		D 7	
						Y 3		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)]