



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

Full Name of Committee Chris Amorose Grooms for Dublin				
Full Name of Contributor Jay B. Eggspuehler			Registration Number, if PAC	
Street Address 7250 Coffman Road	Employer/Occupation/Labor Organization* Attorney		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael L. Glose			Registration Number, if PAC	
Street Address 7360 Bellaire Avenue	Employer/Occupation/Labor Organization* Attorney		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Donald Hunter			Registration Number, if PAC	
Street Address 4936 Pesaro Way	Employer/Occupation/Labor Organization* Attorney		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Bruce H. Burkholder			Registration Number, if PAC	
Street Address 10291 Sylvian Drive	Employer/Occupation/Labor Organization* Attorney		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Cathleen C. Siech			Registration Number, if PAC	
Street Address 5917 Tarton Circle Couth	Employer/Occupation/Labor Organization* Attorney		Date (MM/DD/YYYY) 08/28/2019	Amount \$100.00 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event  
\$10,425.00

Total Expenditures This Event  
\$2,778.14

Page Total \$1,100.00