

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CHRIS AMOROSE GROOMES FOR DUBLIN</b>							
Full Name of Contributor <b>PHILIP CAMPISI</b>					Registration Number, if PAC		
Street Address <b>9999 BREWSTER LANE</b>		Employer/Occupation/Labor Organization* <b>Original Contribution 200.00 - Fee 6.10</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>		
City <b>POWELL</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>1   0</b>	D <b>2   6</b>	Y <b>1   5</b>	Amount <b>193.90</b>	
Full Name of Contributor <b>F. SCOTT TRAVIS</b>					Registration Number, if PAC		
Street Address <b>5881 LEVEN LINKS CT.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1   1</b>	D <b>0   1</b>	Y <b>1   5</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>STUART-W-HARRIS</b>					Registration Number, if PAC		
Street Address <b>4634 BRIDLE PATH LANE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1   0</b>	D <b>2   0</b>	Y <b>1   5</b>	Amount <b>25.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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	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	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	Zip Code	M	D	Y	Amount	

\* 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)]