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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						<u></u>
CHRIS AMOROSE GROOMES FO	OR DUBLIN					
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
PHILIP CAMPISI						
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)
9999 BREWSTER LANE	Origina	I Contribution	200.00 - Fe	e 6.10	o	PAYPAL
City	State	Zip Code	M	D	Y	Amount
POWELL	OIH	43065	10		1 5	193.90
Full Name of Contributor	0 1	1 45005			ber, if PA	
F. SCOTT TRAVIS			in the branch		,	.0
Street Address	Employer/Occur	pation/Labor Organization				Form (Cash, Check, etc.)
	Employer/Occu	pation/Labor Organization	1-			
5881 LEVEN LINKS CT.		T	1			CHECK
City	State	Zip Code	M	D	Υ	Amount
DUBLIN	O H	43017	111	0 1	1 5	200.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
STUART-W-HARRIS						
Street Address - The Control of the	Employer/Occu	pation/Labor Organization	شراع المائي . شور المائي	÷1.		Form (Cash, Check; etc.)
4634 BRIDLE PATH LANE		. , , , , , , , , , , , , , , , , , , ,		-		CHECK
City	State	Zip Code	М	D	Y	Amount
DUBLIN	OTH	43017	110	210	1 5	25.00
Full Name of Contributor	101	15017			ber, if PA	
Tas time of controller			7.1.5		,	
Street Address	Employer/Occu	pation/Labor Organization	<u>. </u>	-		Form (Cash, Check, etc.)
Street Address	Employer/Occu	panon/Labor Organización	, -			rom (Cash, Check, etc.)
		la: a ·	1 ,,	1 5	1	
City	State	Zip Code	l M	Ð	Y	Amount
		<u></u>	1			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			1 1			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Street Address	Employer/Occur	pation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)
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City	State	Zip Code	М	Ð	Y	Amount
Ску	State	Zip Code	141	ויו	'1 '	Allouit
		<u> </u>		<u> </u>	1 1	
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check, etc.)
	·					
City	State	Zip Code	M	D	Υ	Amount
			1 1]		
Full Name of Contributor	·		Registra	tion Num	ber, if PA	С
			1			
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
		, +			j	
Cin	State	Zip Code	М	D	Y	Amount
City	J. J	Zip Code	";	ĺ		
	I I	I	1 1	1) I	

Page Total \$	418.90

[•] 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)]