5

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR D	MIRI INI						
Full Name of Contributor	Registration Number, i				ber, if PA	C	
PEIGI HANSON					,		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
8077 CROSSGATE COURT SOUTH						PAYPAL	
City	State	Zip Code	М	D	Υ	Amount	
DUBLIN	OlH	43017	019	019	115	250.00	
Full Name of Contributor Registration Number, if PAC							
DAVID DREES							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1432 ELMWOOD AVENUE						PAYPAL	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	<u> loin</u>	43212		1 3		50.00	
Full Name of Contributor Registration Number, if PAC							
VIRGIL TEMPLE							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
8173 BALLOCH CT		la: o i	1 1/		,	PAYPAL	
City DI IDI INI	State O   H	Zip Code	M	D	Y	Amount 100 00	
DUBLIN Full Name of Contributor	O   H	43017		1 3	15 ber, if PA	100.00	
			Registra	non Nun	iber, ii FA	i.C	
JASON LAUDICK Street Address	[Employer/Occur	nation/Labor Organization*				Form (Cash, Check, etc.)	
8708 TAYPORT DRIVE	Employer/Occupation/Labor Organization*				PAYPAL		
City	State	Zip Code	М	D	Y	Amount	
DUBLIN	OH	43017	1		115	250.00	
Full Name of Contributor	101	1 40017					
Full Name of Contributor Registration Number, if PAC  DANIEL J. SUTPHEN							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5832 LEVEN LINK CT		-				CHECK	
City	State	Zip Code	М	D	Y	Amount	
DUBLIN	OIH	43017	110	1 8	115	250.00	
Full Name of Contributor					ber, if PA	С	
RANDOLPH A. ROTH							
Street Address	Employer/Occup	ation/Labor Organization*		•		Form (Cash, Check, etc.)	
6987 GRANDEE CLIFFS DR.						CHECK	
City	State	Zip Code	М	D	Y	Amount	
DUBLIN	OIH	43016	110	1 8	1 5	50.00	
Full Name of Contributor			Registra	tion Num	iber, if PA	.c ·	
PETER J. MONAGHAN							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
6959 PILAR COURT					T-:-	CHECK	
City	State	Zip Code	M	D	Y	Amount	
DUBLIN	OH	43017		06		50.00	
Full Name of Contributor Registration Number, if PAC							
DAVID MATTHEWS	Employer/December of the Commission*					Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*				om (Casa, Check, Etc.)		
7177 DUBLIN ROAD	State	Zip Code	M	D	ΙΥ	Amount	
City  TO LIDE INI	O   H	43017	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$	212	1 .	100.00	
DUBLIN		1 4301/	I I I U	1212	1117	100.00	

\* 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(BX4)]

Page Total \$ 1,100.00