



**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 Groomes for Dublin				
Full Name of Contributor Amy L. Kramb			Registration Number, if PAC	
Street Address 7511 Riverside Drive		Employer/Occupation/Labor Organization* Owner/Kramb Consulting, Inc.		Date (MM/DD/YYYY) 08/28/2019
Amount \$50.00 ✓				
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, Etc) Check
Full Name of Contributor Denise Franz King			Registration Number, if PAC	
Street Address 170 S. Riverview St.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019
Amount \$100.00 ✓				
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, Etc) Check
Full Name of Contributor Craig L. Barnum			Registration Number, if PAC	
Street Address 4330 Tuller Road		Employer/Occupation/Labor Organization* Owner/Matt the Miller		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 Brett Bohl			Registration Number, if PAC	
Street Address 5735 Whitecraigs Court		Employer/Occupation/Labor Organization* APPORTIS		Date (MM/DD/YYYY) 08/28/2019
Amount \$100.00 ✓				
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, Etc) Check
Full Name of Contributor Michelle D. Hunter			Registration Number, if PAC	
Street Address 4936 Pesaro Way		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019
Amount \$250.00 ✓				
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 \$ **750.00**