## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
CHRIS AMOROSE GROOMES FOR D	UBLIN					
Full Name of Contributor	000		Registra	ation Num	ber, if PA	.C
MELISSA A. MCCAULEY						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
4076 PIONEER CT		•				CHECK
City	State	Zip Code	М	D	Y	Amount
POWELL	OH	43065	019	0 1	1   5	250.0
Full Name of Contributor				tion Num	_	
STANLEY A. MALATESTA						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4457 MASTERS DRIVE					CHECK	
City	State	Zip Code	M	D	Y	Amount
UPPER ARLINGTON	ОІН	43220	019	1110	115	250.0
Full Name of Contributor						
KARI B. HERTEL		Zip Code				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
4607 WUERTZ CT	1 7.71 2- 2- 7-			eri i		CHECK
City	State	Zip Code	М	D	Y	
DUBLIN	OH	43016	019	115	1   5	50.0
Full Name of Contributor	·	<u> </u>	_			•
JANICE M WALTON-ROZANSKI						
Street Address	Employer/Occup	ation/Labor Organization*	-	_		Form (Cash, Check, etc.)
8038 TIPPERARY CT N	i					CHECK
City	State	Zip Code	М	D	Υ	
DUBLIN	OHI	43017	019	0 1	1   5	150.00
Full Name of Contributor			Registra	ition Num	ber, if PA	Ċ
CATHY J. ANDREWS			1			
Street Address	Employer/Occupa	ation/Labor Organization*		-		Form (Cash, Check, etc.)
6024 GLENFINNAN CT					i	CHECK
City	State	Zip Code	М	D	Υ	Amount
DUBLIN	O   H	43017	0 9	2   1	1   5	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
CENTRAL OHIO REALTORS PAC 31-172-1082						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
2700 AIRPORT DRIVE						CHECK
City	State	Zip Code	М	D	Υ	Amount
COLUMBUS	OIH	43219	019	1   8	1   5	250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
BIA BUILD PAC OF CENTRAL OHIO	_		N/	A LO	CAL	PAC
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
495 EXECUTIVE CAMPUS DRIVE						CHECK
City	State	Zip Code	M	D	Y	Amount
WESTERVILLE	O   H	43082	0 9	2 9	1   5	250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
PAUL A. GELPI						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
1535 BETHEL RD.						CHECK
City	State	Zip Code	М	D	Y	Amount
COLUMBUS	OH	43220	019	2 9	1   5	250.00

Page Total \$ 1,550.00

<sup>\*</sup> 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)]