

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                      |                       |                                         |                   |                   |                                          |                         |  |
|----------------------------------------------------------------------|-----------------------|-----------------------------------------|-------------------|-------------------|------------------------------------------|-------------------------|--|
| Name of Committee in Full<br><b>CHRIS AMOROSE GROOMES FOR DUBLIN</b> |                       |                                         |                   |                   |                                          |                         |  |
| Full Name of Contributor<br><b>BEVERLY A. TRABUE</b>                 |                       |                                         |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>5888 LEVEN LINKS COURT</b>                      |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>CHECK</b> |                         |  |
| City<br><b>DUBLIN</b>                                                | State<br><b>O   H</b> | Zip Code<br><b>43017</b>                | M<br><b>0   8</b> | D<br><b>1   7</b> | Y<br><b>1   5</b>                        | Amount<br><b>250.00</b> |  |
| Full Name of Contributor<br><b>JERRY L. TRABUE</b>                   |                       |                                         |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>5888 LEVEN LINKS COURT</b>                      |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>CHECK</b> |                         |  |
| City<br><b>DUBLIN</b>                                                | State<br><b>O   H</b> | Zip Code<br><b>43017</b>                | M<br><b>0   8</b> | D<br><b>1   7</b> | Y<br><b>1   5</b>                        | Amount<br><b>250.00</b> |  |
| Full Name of Contributor<br><b>JANE S. ENSIGN</b>                    |                       |                                         |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>8833 BELISLE CT</b>                             |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>CHECK</b> |                         |  |
| City<br><b>DUBLIN</b>                                                | State<br><b>O   H</b> | Zip Code<br><b>43017</b>                | M<br><b>0   8</b> | D<br><b>2   7</b> | Y<br><b>1   5</b>                        | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>DONALD HUNTER</b>                     |                       |                                         |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>8120 TILLINGHAST DR</b>                         |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>CHECK</b> |                         |  |
| City<br><b>DUBLIN</b>                                                | State<br><b>O   H</b> | Zip Code<br><b>43017</b>                | M<br><b>0   8</b> | D<br><b>3   1</b> | Y<br><b>1   5</b>                        | Amount<br><b>250.00</b> |  |
| Full Name of Contributor<br><b>JODI L. RHODES</b>                    |                       |                                         |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>6475 GREENSTONE LOOP</b>                        |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>CHECK</b> |                         |  |
| City<br><b>DUBLIN</b>                                                | State<br><b>O   H</b> | Zip Code<br><b>43016</b>                | M<br><b>0   9</b> | D<br><b>0   2</b> | Y<br><b>1   5</b>                        | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>KEVIN MCCAULEY</b>                    |                       |                                         |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>4076 PIONEER CT</b>                             |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>CHECK</b> |                         |  |
| City<br><b>POWELL</b>                                                | State<br><b>O   H</b> | Zip Code<br><b>43065</b>                | M<br><b>0   9</b> | D<br><b>0   1</b> | Y<br><b>1   5</b>                        | Amount<br><b>250.00</b> |  |
| Full Name of Contributor<br><b>KEITH W. TOMLINSON</b>                |                       |                                         |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>8550 TARTAN FIELDS DR</b>                       |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>CHECK</b> |                         |  |
| City<br><b>DUBLIN</b>                                                | State<br><b>O   H</b> | Zip Code<br><b>43017</b>                | M<br><b>0   9</b> | D<br><b>0   2</b> | Y<br><b>1   5</b>                        | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>RONALD B. GARVEY</b>                  |                       |                                         |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>5900 TARTAN CIRCLE S</b>                        |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>CHECK</b> |                         |  |
| City<br><b>DUBLIN</b>                                                | State<br><b>O   H</b> | Zip Code<br><b>43017</b>                | M<br><b>0   9</b> | D<br><b>0   2</b> | Y<br><b>1   5</b>                        | Amount<br><b>250.00</b> |  |

\* 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)]

Page Total \$ 1,550.00