



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 Jeffrey D. Stavroff			Registration Number, if PAC	
Street Address 5593 Preston Mill Way	Employer/Occupation/Labor Organization* Stavroff Interests, Ltd.		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 Allen S. Shepherd, III			Registration Number, if PAC	
Street Address 6295 Cosgray Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, Etc) Check	
Full Name of Contributor Richard V. Spagna			Registration Number, if PAC	
Street Address 5196 Kittwake Court	Employer/Occupation/Labor Organization* Owner/Revelry Tavern		Date (MM/DD/YYYY) 08/28/2019	Amount \$100 ✓
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor KSQ Limited			Registration Number, if PAC	
Street Address 4637 Highland Drive	Employer/Occupation/Labor Organization* Kevin Knebel/Owner		Date (MM/DD/YYYY) 08/28/2019	Amount \$100 ✓
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, Etc) Check	
Full Name of Contributor Kevin McCauley			Registration Number, if PAC	
Street Address 4076 Pioneer Court	Employer/Occupation/Labor Organization* Partner/Stavroff Interests, Ltd.		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00 ✓
City Powell	State OH	Zip Code 43065	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

Total Expenditures This Event
\$2,778.14

Page Total \$950 ✓