

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN							
Full Name of Contributor CATHLEEN SIECH					Registration Number, if PAC		
Street Address 5917 TARTON CIRCLE S		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 50.00	
Full Name of Contributor J. THEODORE SMITH					Registration Number, if PAC		
Street Address 8155 GRAFTON END		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 7	Y 3	Amount 50.00	
Full Name of Contributor JUDITH WILLIAMSON					Registration Number, if PAC		
Street Address 8029 HILLINGDON DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City POWELL	State O H	Zip Code 43065	M 0	D 7	Y 3	Amount 50.00	
Full Name of Contributor JULIANA YOUNG					Registration Number, if PAC		
Street Address 5830 SETTLERS PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 100.00	
Full Name of Contributor KRISTINE TRUCKERLY					Registration Number, if PAC		
Street Address 555 METRO PLACE N STE 550		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 250.00	
Full Name of Contributor ROB TRUCKERLY					Registration Number, if PAC		
Street Address 555 METRO PLACE N STE 550		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 250.00	
Full Name of Contributor KATHY L. HARRINGTON					Registration Number, if PAC		
Street Address 4258 TULLER RIDGE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City DUBLIN	State O H	Zip Code 43017	M 0	D 8	Y 0	Amount 250.00	
Full Name of Contributor DONNA O'CONNOR					Registration Number, if PAC		
Street Address 5065 WINCHELL CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 8	Y 0	Amount 250.00	

* 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(B)(4)]

Page Total \$ 1,250.00