Page	4

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

I								
Name of Committee in Full								
CHRIS AMOROSE GROOMES FOR D								
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
KAREN STRIP								
Street Address	Description of Ite	м	D	Y	Fair Market Value			
5482 ARYSHIRE DRIVE	FOOD A	110	2 7					
City	State		d at Fund					
•	O H	Zip Code 43017			naising c	No		
DUBLIN								
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
GAYLE HOLTON								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
_700 STONEHENGE PARKWAY, STE B				01	l 1 l 5	104.20		
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Full Name of Contributor		ation, Labor Organization *	_		h :cn			
in thank of Controllor	Employer, Occup	ation, Labor Organization	Registration Number, if PAC					
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Street Address	Description of Item or Service		М	Ð	Y	Fair Market Value		
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	<u> </u>	<u> </u>	<u>ٽ ر</u>	1179		□ ^{R0}		

Page Total \$ 214.20

^{*} 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 payroli 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)]