31-A
R.C. 3517.10

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					**Registration Number, if PAC**	
ALVIN BORROMEO						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
7757 FULMER DR						CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
DUBLIN	OH	43017	07	30	15	25.00
Full Name of Contributor					**Registration Number, if PAC**	
GREGORY J. BUTLER						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
5714 HADDINGTON DRIVE						CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
DUBLIN	OH	43017	07	30	15	200.00
Full Name of Contributor					**Registration Number, if PAC**	
J. ROBERT DARROW						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
6461 GREENSTONE LOOP						CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
DUBLIN	OH	43016	07	30	15	250.00
Full Name of Contributor					**Registration Number, if PAC**	
LAURIE O ELSASS						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
6177 ABBOTSFORD DR						CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
DUBLIN	OH	43017	07	30	15	75.00
Full Name of Contributor					**Registration Number, if PAC**	
BRAD GABBARD						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
8999 PORTOFINO PLACE						CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
DUBLIN	OH	43016	07	30	15	100.00
Full Name of Contributor					**Registration Number, if PAC**	
RONALD L. GEESE						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
5584 BRAND RD						CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
DUBLIN	OH	43017	07	30	15	250.00
Full Name of Contributor					**Registration Number, if PAC**	
J.A. GODSEY						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
240 PERTH DRIVE						CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
DUBLIN	OH	43017	07	30	15	100.00
Full Name of Contributor					**Registration Number, if PAC**	
THOMAS J. KELLEY						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
8595 MILMICHAEL CT						CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
DUBLIN	OH	43017	07	30	15	150.00

* 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 $ 1,150.00