



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee					
Full Name of Committee Chris Amorose Groomes for Dublin					
Full Name of Contributor				Registration Number	er, If PAC
Robert U. Miller					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
5658 Loch Broom Cirlce	Real Estate Agent				Check
City	State	Zip Code	Date (MM/DI	·	Amount
Dublin	он	43017		08/28/2019	\$200,00 🗸
Full Name of Contributor Registration Number					er, If PAC
Richard Malir					
Street Address	Employe	r/Occupation/Labor C	Organization*		Form (Cash, Check, etc.)
5800 Griffiths Lane	CEO - C	ity Barbeque			Check
City	State	Zip Code	Date (MM/DI	-	Amount
Powell	он	43065		09/03/2019	\$250.00
Full Name of Contributor Registration Number					er, if PAC
Jamie P. Menges					
Street Address	Employe	r/Occupation/Labor C	Organization*		Form (Cash, Check, etc.)
9402 Tartan Ridge Blvd.	Financia	al Advisor			Check
City	State	Zip Code	Date (MM/DI	·	Amount
Dublin	он	43017		09/04/2019	\$250.00
Full Name of Contributor Registration Number					er, if PAC
John E. Francis					
Street Address	Employe	r/Occupation/Labor (Organization*		Form (Cash, Check, etc.)
8441 Kilbirnie Court					Check
City	State	Zip Code	Date (MM/D		Amount
Dublin	ОН	43017		09/08/2019	\$250.00 🗸
Full Name of Contributor Registration Number					er, If PAC
Paul Gelpi					
Street Address	Employe	er/Occupation/Labor (Organization*	<u> </u>	Form (Cash, Check, etc.)
1535 Bethel Road				Check	
City	State	Zip Code	Date (MM/D	•	Amount
Columbus	он	43220		09/09/2019	\$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 also appear. [R.C. 3517.10(B)(4)]