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	
CATHLEEN C. SIECH								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5917 TARTON CIRCLE S							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	07	30	15			50.00
Full Name of Contributor							Registration Number, if PAC	
J. THEODORE SMITH								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8155 GRAFTON END							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43016	07	30	15			50.00
Full Name of Contributor							Registration Number, if PAC	
JUDITH WILLIAMSON								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8029 HILLINGDON DR							CHECK	
City	State	Zip Code	M	D	Y		Amount	
POWELL	OH	43065	07	30	15			50.00
Full Name of Contributor							Registration Number, if PAC	
JULIANA B. YOUNG								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5830 SETTLERS PLACE							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	
KRISTINE TRUCKLY								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
555 METRO PLACE N STE 550							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	07	31	15			250.00
Full Name of Contributor							Registration Number, if PAC	
ROB TRUCKLY								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
555 METRO PLACE N STE 550							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	07	31	15			250.00
Full Name of Contributor							Registration Number, if PAC	
KATHY L. HARRINGTON								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4258 TULLER RIDGE DR	Original Contribution 250.00 - Fee 7.55						PAYPAL	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	08	02	15			242.45
Full Name of Contributor							Registration Number, if PAC	
DONNA O'CONNOR								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5065 WINCHELL CT							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	OH	43017	08	04	15			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 $ 1,242.45