	10
Page	1.5

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Name of Committee in Full CLIDIC AMODOCE CROOMES FOR DURI IN									
CHRIS AMOROSE GROOMES FOR D	OBLIN	4		In ·		ien.			
Full Name of Contributor				Registra	ttion Num	ber, if PA	C		
MELISSA A. MCCAULEY	I= .								
Street Address	Employer	/Occupa	ttion/Labor Organization*				Form (Cash, Check	c, etc.)	
4076 PIONEER CT	<u> </u>				,		CHECK		
City	Sta		Zip Code	M	D	Y	Amount		
POWELL	0	H	43065		01	1 5		250.00	
Full Name of Contributor Registration Number, if PAC									
STANLEY A. MALATESTA					_				
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check	c, etc.)	
4457 MASTERS DRIVE							CHECK		
City	Sta		Zip Code	М	D	Y	Amount		
UPPER ARLINGTON	0	Н	43220	019	1 0	1 5	_	250.00	
Full Name of Contributor		,	-	Registra	tion Num	ber, if PA	С		
KARI B. HERTEL									
Street Address	Employer	/Occupa	tion/Labor Organization*	_			Form (Cash, Check	c, etc.)	
4607 WUERTZ CT							CHECK		
City	Sta	ite	Zip Code	М	D	Y	Amount		
DUBLIN	lοι	Н	43016	019	115	1 5		50.00	
Full Name of Contributor	•	•	<u> </u>	_	tion Num		С		
JANICE M WALTON-ROZANSKI									
Street Address	Employer	/Occupa	ttion/Labor Organization*				Form (Cash, Chec)	k, etc.)	
8038 TIPPERARY CT N		-	-				CHECK		
City	Sta	ıt¢	Zip Code	М	D	Y	Amount		
DUBLIN	OHI		43017	1019	011	1 5		150.00	
Full Name of Contributor	10111				tion Num				
CATHY J. ANDREWS									
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check	k, etc.)	
6024 GLENFINNAN CT	' '	•	<u>.</u>				CHECK	,	
City	Sta	nte	Zip Code	Тм	l D	ΙΥ	Amount		
DUBLIN	01	H	43017	ماما	2 1	1 5		100.00	
Full Name of Contributor	101		1 45017					100.00	
1									
CENTRAL OHIO REALTORS PAC Street Address	Employer	/Occupa	ation/Labor Organization*	31-	1/2-1	JU2	Form (Cash, Check	c etc.)	
2700 AIRPORT DRIVE	Limpioyer	тоссира	MORE CADO! OF EMPLEMON				CHECK	4 0.0.,	
City City	Sta		Zip Code	Тм	D	Y	Amount		
	آ ہ ا	H	1 '		1 8			250.00	
COLUMBUS Full Name of Contributor	<u> </u>		43219	Registra	tion Num	her if PA		230.00	
				1 *	A LO				
BIA BUILD PAC OF CENTRAL OHIO		·O	ntion/Labor Organization*	187	A LO	CAL	Form (Cash, Check	· eta)	
Street Address	Employer	//Occupa	mon/Labor Organization*					ι, ειε.)	
495 EXECUTIVE CAMPUS DRIVE	ļ		In: 0 1	1 1/	1 n	ΙΥ	CHECK		
City	Sta		Zip Code	M	D	l .	Amount	250.00	
WESTERVILLE	01	Н	1 43082	_	2 9			250.00	
Full Name of Contributor Registration Number, if PAC									
PAUL A. GELPI	Ic ·	′0				_	Form (Cash, Checl	le ara \	
Street Address	Employer	r/Occupa	ation/Labor Organization*					s, etc.j	
1535 BETHEL RD.	↓		In: o	T	I -	I v-	CHECK		
City	Sta		Zip Code	M	D	Y	Amount	250.00	
COLUMBUS	01	П	43220	1019	2 9	115	<u> </u>	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 \$ _____1,550.00