

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 RICHARD CORNA					Registration Number, if PAC		
Street Address 8903 LEA CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1	Amount 100.00	
Full Name of Contributor RICK J. SCHWIETERMAN					Registration Number, if PAC		
Street Address 8546 PRESTON MILL CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1	Amount 250.00	
Full Name of Contributor RICHARD TAYLOR					Registration Number, if PAC		
Street Address 4500 BELLAIRE AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1	Amount 250.00	
Full Name of Contributor THOMAS HOLTON					Registration Number, if PAC		
Street Address 5957 ROUNDSTONE PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 6	Y 1	Amount 200.00	
Full Name of Contributor JANIS B. DAVIDSON					Registration Number, if PAC		
Street Address 5163 CHAFFINCH CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1	Amount 50.00	
Full Name of Contributor ASRIEL STRIP					Registration Number, if PAC		
Street Address 5482 ARYSHIRE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1	Amount 250.00	
Full Name of Contributor STEVEN LUTZ					Registration Number, if PAC		
Street Address 6111 KARRER PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1	Amount 100.00	
Full Name of Contributor DONNA STEVENSON					Registration Number, if PAC		
Street Address 5529 ARYSHIRE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 1	Amount 50.00	

* 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 \$ 1,250.00