

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 KATHLEEN GARDNER					Registration Number, if PAC		
Street Address 5595 DUNDON CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 11	Amount 100.00	
Full Name of Contributor JOHN SUSIE					Registration Number, if PAC		
Street Address 8682 HAWICK CT N		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 11	Amount 50.00	
Full Name of Contributor NIKKI HURTO					Registration Number, if PAC		
Street Address 5726 HADDINGTON DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 11	Amount 50.00	
Full Name of Contributor BEVERLY FARLOW					Registration Number, if PAC		
Street Address 270 BRADENTON AVENUE, STE 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 11	Amount 250.00	
Full Name of Contributor JENNIFER MONTE					Registration Number, if PAC		
Street Address 8880 LEA COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 11	Amount 250.00	
Full Name of Contributor MICHAEL KEHOE					Registration Number, if PAC		
Street Address 6622 TANTALLON SQ		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 6	Y 11	Amount 250.00	
Full Name of Contributor JEFFREY HOLOWICKI					Registration Number, if PAC		
Street Address 6810 STILLHOUSE LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 6	Y 11	Amount 250.00	
Full Name of Contributor WOLFGANG DOERSCHLAG					Registration Number, if PAC		
Street Address 8938 LEA CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 6	Y 11	Amount 100.00	

* 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)]