Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						-		
- -	ואו ופווו							
CHRIS AMOROSE GROOMES FOR DUBLIN Full Name of Contributor					Projection Number 16 DAC			
					Registration Number, if PAC			
JAY B. EGGSPUEHLER Street Address	[E-malause/O	sia-A shar Orașiastia-				Form (Cash, Che	ale ata N	
	Employer/Occupation/Labor Organization*						I	
7250 COFFMAN RD		LAWYER			1 .	1	CHECK	
City DUBLIN	State	Н	Zip Code 43017	M	1 6	Y 115	Amount	100.00
Full Name of Contributor	101		1 45017				<u> </u>	100.00
Full Name of Contributor CRAIG BARNUM Registration Number, if PAC								
Street Address	Employer/O				Form (Cash, Che	eck. etc.)		
35 N HIGH ST							CASH	
City	State		Zip Code	М	Тр	ΙΥ	Amount	
DUBLIN	1	Н	43017		1 6	1 1		100.00
Full Name of Contributor	101		15017					100.00
Full Name of Contributor Registration Number, if PAC TERRI CORATOLA [*\$100 Returned/ See Expenditures]								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	eck. etc.)
8330 STRASBOURG CT		+-6				CASH	,,	
City	State		Zip Code	М	ΙĐ	Y	Amount	
DUBLIN		Н	43017	1 .	1 6	1 5		200.00
Full Name of Contributor	10!		15017			ber, if PA	.C	200.00
BRETT VAN BOURGONDIEN								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
6585 WESTON CIRCLE EAST		-				CHECK		
City	State		Zip Code	М	D	Y	Amount	
DUBLIN		Н	43016	1017	014	1 5		250.00
Full Name of Contributor	, - ,					ber, if PA	.c	
PETER CORATOLA								
Street Address	Employer/O	tion/Labor Organization*	-			Form (Cash, Che	eck, etc.)	
37 W. BRIDGE STREET, STE 105	j						CHECK	
City	State		Zip Code	М	D	Y	Amount	
DUBLIN	101	Η	43017	1017	210	1 5		250.00
Full Name of Contributor			<u> </u>	Registr	ation Nurr	ber, if PA	C	
MICHAEL MORAN								
Street Address	Employer/O	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7056 SHADY NELMS DR						CHECK	•	
City	State		Zip Code	М	D	Y	Amount	
DUBLIN	101	Н	43017	017	2 1	1 5		100.00
Full Name of Contributor	•					ber, if PA		
WILLIAM BROWNAS				l				
Street Address	Employer/O	stion/Labor Organization*	Form (Cash				eck, etc.)	
7365 BELLAIRE AVE							CHECK	
City	State		Zip Code	М	D	Y	Amount	
DUBLIN	01	H	43017	0 7				200.00
Full Name of Contributor				Registr	ation Nun	ber, if PA	rC	
CRAIG ZIMMERS								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che		
8864 NAIRN CT			_	, .	CHECK			
City	State		Zip Code	M	D _	Y	Amount	050.00
DUBLIN	01	п	43017	1017	217	1 5	L	250.00

Page Total \$ 1,450.00

^{*} 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)]