

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 CATHLEEN C. SIECH						Registration Number, if PAC			
Street Address 5917 TARTON CIRCLE S			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O	H H	Zip Code 43017	M 0	D 7	Y 3	Amount 50.00		
Full Name of Contributor J. THEODORE SMITH						Registration Number, if PAC			
Street Address 8155 GRAFTON END			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O	H H	Zip Code 43016	M 0	D 7	Y 3	Amount 50.00		
Full Name of Contributor JUDITH WILLIAMSON						Registration Number, if PAC			
Street Address 8029 HILLINGDON DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City POWELL	State O	H H	Zip Code 43065	M 0	D 7	Y 3	Amount 50.00		
Full Name of Contributor JULIANA B. YOUNG						Registration Number, if PAC			
Street Address 5830 SETTLERS PLACE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O	H H	Zip Code 43017	M 0	D 7	Y 3	Amount 100.00		
Full Name of Contributor KRISTINE TRUCKLY						Registration Number, if PAC			
Street Address 555 METRO PLACE N STE 550			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O	H H	Zip Code 43017	M 0	D 7	Y 3	Amount 250.00		
Full Name of Contributor ROB TRUCKLY						Registration Number, if PAC			
Street Address 555 METRO PLACE N STE 550			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O	H H	Zip Code 43017	M 0	D 7	Y 3	Amount 250.00		
Full Name of Contributor KATHY L. HARRINGTON						Registration Number, if PAC			
Street Address 4258 TULLER RIDGE DR			Employer/Occupation/Labor Organization* Original Contribution 250.00 - Fee 7.55				Form (Cash, Check, etc.) PAYPAL		
City DUBLIN	State O	H H	Zip Code 43017	M 0	D 8	Y 0	Amount 242.45		
Full Name of Contributor DONNA O'CONNOR						Registration Number, if PAC			
Street Address 5065 WINCHELL CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O	H H	Zip Code 43017	M 0	D 8	Y 0	Amount 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