



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Chris Amorose Grooms for Dublin				
Full Name of Contributor Paul G. Ghidotti			Registration Number, if PAC	
Street Address 6840 MacNeil Drive	Employer/Occupation/Labor Organization* The Daimler Group, Inc.		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Andrew Shepherd			Registration Number, if PAC	
Street Address 6295 Cosgray Road	Employer/Occupation/Labor Organization* SportsOhio		Date (MM/DD/YYYY) 08/28/2019	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, Etc) Check	
Full Name of Contributor J. Robert Darrow			Registration Number, if PAC	
Street Address 6461 Greenstone Loop	Employer/Occupation/Labor Organization* Ruscilli Construction		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, Etc) Check	
Full Name of Contributor Susan F. Smiley			Registration Number, if PAC	
Street Address 5598 Preston Mill Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, Etc) Check	
Full Name of Contributor Brian H. Schottenstein			Registration Number, if PAC	
Street Address 64 E. Prescott Street	Employer/Occupation/Labor Organization* Schottenstein Real Estate Group		Date (MM/DD/YYYY) 08/28/2019	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	

* 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 also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
\$10,425.00

Total Expenditures This Event
\$2,778.14

Page Total \$1,100.00