

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 KEVIN KNEBEL					Registration Number, if PAC		
Street Address 5393 BENNINGTON HILLS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43220	M 0	D 7	Y 3	Amount 200.00	
Full Name of Contributor WOLFGANG LANT					Registration Number, if PAC		
Street Address 6999 BEERY LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 100.00	
Full Name of Contributor CYNTHIA LIMA					Registration Number, if PAC		
Street Address 7779 TILLINGHAST DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 200.00	
Full Name of Contributor G. GREGORY MARQUIS					Registration Number, if PAC		
Street Address 7319 ROYCROFT CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 100.00	
Full Name of Contributor RICHARD E. MALIR					Registration Number, if PAC		
Street Address 4967 GALWAY DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 100.00	
Full Name of Contributor LAUREN S. MENNING					Registration Number, if PAC		
Street Address 6167 ABBOTSSFORD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 100.00	
Full Name of Contributor TERRY D. MOWERY					Registration Number, if PAC		
Street Address 9425 CULROSS CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 200.00	
Full Name of Contributor CAROL ANN NEALE					Registration Number, if PAC		
Street Address 8308 TILLINGHAST DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 75.00	

* 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)]