

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN									
To Whom Paid THE HUNTINGTON NATIONAL BANK						M	D	Y	Amount
Address P.O. BOX 1558 EA1W37						0	7	1	5
City COLUMBUS						1	6	1	6
State O H						Zip Code 43216			
Purpose MONTHLY SERVICE FEE - AUTO DEBIT						Check Number N/A			
To Whom Paid PERFORMANCE PRINTING						M	D	Y	Amount
Address 7652 SAWMILL ROAD, PMB 349						0	7	2	7
City DUBLIN						1	6	1	6
State O H						Zip Code 43016			
Purpose MARKETING MATERIALS FOR PARADE						Check Number 1026			
To Whom Paid						M	D	Y	Amount
Address									
City									
State									
Zip Code									
Check Number									
To Whom Paid						M	D	Y	Amount
Address									
City									
State									
Zip Code									
Check Number									
To Whom Paid						M	D	Y	Amount
Address									
City									
State									
Zip Code									
Check Number									
To Whom Paid						M	D	Y	Amount
Address									
City									
State									
Zip Code									
Check Number									
To Whom Paid						M	D	Y	Amount
Address									
City									
State									
Zip Code									
Check Number									
To Whom Paid						M	D	Y	Amount
Address									
City									
State									
Zip Code									
Check Number									