



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee				
Citizens For Robinette			•	,
To Whom Paid			Date (MM/DD/YYYY)	Amount
Pinnacle	,		08-08-19	\$630.83
Street Address	Purpose	,	_	
1500 Primage Club Drive	Fun	draiser #	2	
City	State	Zip Code	Check Number	
Grove City	OH	43123	110	
To Whom Paid	_		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		 	· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code	Check Number	·
To Whom Paid		'	Date (MM/DD/YYYY)	Amount
*		,		
Street Address	Purpose		<u></u>	
City	State	Zip Code	Check Number	
	 			
To Whom Paid	<u> </u>		D-4- (444/DD00000)	Tamount
10 Wildin Palu	* •		Date (MM/DD/YYYY)	Amount
	.,			
Street Address	Purpose			,
		•	·	
City	State	Zip Code	Check Number	
)		
To Whom Paid			Date (MM/DD/YYYY)	Amount
·				
Street Address	Purpose		1	<u> </u>
		,		
City	State	Zip Code	Check Number	
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Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

	1-d-20	130.8	2
Page Total \$	P100		