OFFICE OF THE
Ohio Secretary of State

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

Form 31-E

Ice Cream Social

R.C. 3517.10(B)

Full Name of Committee	
Citizens For Robinette	

Full Name of Contributor	Registration Number, if PAC
Lisa Dubos	

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
1048 Pinnacle Club Dr		09/22/19	$100.00

City	State	Zip Code	Form (Cash, Check, Etc
Grove City	OH	43123	Cash

Full Name of Contributor	Registration Number, if PAC
Barry Baker	

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
6360 Lambert Rd		09/22/19	$100.00

City	State	Zip Code	Form (Cash, Check, Etc
Orient	OH	43146	Cash

Full Name of Contributor	Registration Number, if PAC

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount

City	State	Zip Code	Form (Cash, Check, Etc

Full Name of Contributor	Registration Number, if PAC

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount

City	State	Zip Code	Form (Cash, Check, Etc

Full Name of Contributor	Registration Number, if PAC

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount

City	State	Zip Code	Form (Cash, Check, Etc

* 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	Total Expenditures This Event	Page Total $ 200.00