

Statement of Expenditures for Social or Fund-Raising Event

R.C. 3517.10

Full Name of Committee				
Citizens For Robinette				
To Whom Paid			Date (MM/DD/YYYY)	Amount
Plum Run Winery			04/05/19	\$747.63
Street Address	Purpose	•	11	
3946 Broadway Give City	1	fundraise	X #	
City	State	Zip Code	Check Number	
Grove City	OH -	43123	debit card	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	
		Zip Code	Check Number	
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
			Date (WWW.DD/1111)	, and an
	T			
Street Address	Purpose			
City	State	Zip Code	Check Number	

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.

Page Total \$ 747. 63