

Event Date 09 22 19 Page 4

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

Form 31-E

				re Cream Social	R.C. 3517.10(B)
Full Name of Committee					
Citizens For Robine	He				
Full Name of Contributor				Registration Number, if PAC	
Charlie & Katie De	an				
Street Address		upat	tion/Labor Organization	Date (MM/DD/YYYY)	Amount $\omega$
4705 Hirth Hill Rd				09/16/19	\$50
City	State	-	Zip Code	Form (Cash, Check, Etc	
Grove aty	OH		43123	Check	
Full Name of Contributor				Registration Number, if PAC	
Gres & Naria Olson Street Address					
	Employer/Occ	upat	tion/Labor Organization	Date (MM/DD/YYYY)	Amount
4531 Grand Strang Dr				09/15/19	\$100
City	State		Zip Code	Form (Cash, Check, Etc	
Grove City	OH	<u> </u>	43123	Check	
Full Name of Contributor		-		Registration Number, if PAC	
Michael Mantkowski					
Street Address	Employer/Occ	cupat	tion/Labor Organization	Date (MM/DD/YYYY)	Amount
4716 Harrisburg Pike				09/22/19	\$1000
	State	;	Zip Code	Form (Cash, Check, Etc	
Grove City	CH		43123	Cash	
Full Name of Contributor				Registration Number, if PAC	
Timothy & Carrie Kec	K				
Street Address	Employer/Occ	upat	tion/Labor Organization	Date (MM/DD/YYYY)	Amount
1852 Tourrament Way				09/22/19	\$40
City	State	<del></del>	Zip Code	Form (Cash, Check, Etc	
Grove City	OH		43123	cash	
Full Name of Contributor				Registration Number, if PAC	
Brian & Jemifer D	ooles				
Street Address	Employer/Occ	upat	tion/Labor Organization	Date (MM/DD/YYYY)	Amount
4664 Hirth Hill Ra				09/22/19	340-
City	State		Zip Code	Form (Cash, Check, Etc	
Grove City	OH		43123	Cash	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
* Required for contributions from individuals over \$100 to	to statewide an	d Ge	eneral Assembly candida	ates. If contributor is self-employe	d, the occupation and the

\* 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

lotal	Contributions	Ihis	Event

Total	Expend	litures	This	Event

Page Total \$ 330 · 00