



Full Name of Committee Citizens For Robine He				
Full Name of Contributor John & Patricia Jones			Registration Number, if PAC	
Street Address 350 Frank Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Date (MM/DD/YYYY) 09/11/19	Amount \$200 ⁰⁰
Full Name of Contributor FCP Political Education Fund			Registration Number, if PAC LA-198	
Street Address 6800 Schrook Hill Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Date (MM/DD/YYYY) 09/19/19	Amount \$1,000 ⁰⁰
Full Name of Contributor Juleann Joseph			Registration Number, if PAC	
Street Address 3443 Castleton St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Grove City	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Date (MM/DD/YYYY) 09/22/19	Amount \$50 ⁰⁰
Full Name of Contributor Amber Yors			Registration Number, if PAC	
Street Address 125 Hidden Creek Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Galloway	State OH <input checked="" type="checkbox"/>	Zip Code 43119	Date (MM/DD/YYYY) 09/24/19	Amount \$250 ⁰⁰
Full Name of Contributor Lanese For Ohio			Registration Number, if PAC	
Street Address 260 N. Cassady Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43209	Date (MM/DD/YYYY) 04/10/19	Amount \$500 ⁰⁰

*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)]