

Fill in the boxes below only on the last page for this event.

event in the date column

Total Contributions This Event

Event Date 09-22-19 Page

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

Form 31-E

|  |  | Le Creme Socie              | R.C. 3517.10(B) |
|--|--|-----------------------------|-----------------|
| Full Name of Committee   |  |                             |                 |
| Citizens For Robinette   |  |                             |                 |
| Full Name of Contributor   |  | Registration Number, if PAC |                 |
| Kristen Terranova  |  | ·                           |                 |
| Street Address   | Employer/Occupation/Labor Organization | Date (MM/DD/YYYY)           | Amount          |
| 1123 Pinnacle Club Dr  |  | 09/22/19                    | \$ 120          |
| City   | State Zip Code                         | Form (Cash, Check, Etc      |                 |
| Grove City   | 43123                                  | Check                       |                 |
| Full Name of Contributor   | Registration Number, if PAC            |                             |                 |
| Jarrod & Chinshie W  |  |                             |                 |
| Street Address   | Employer/Occupation/Labor Organization | 1 '                         | Amount 6        |
| 4607 Hilth Hill Ra   |  | 09/22/19                    | \$ 60           |
| City   | State Zip Code                         | Form (Cash, Check, Etc      |                 |
| Grove City   | MY 43123                               | check                       |                 |
| Full Name of Contributor   |  | Registration Number, if PAC |                 |
| Sharon Reichard  |  |                             |                 |
| Street Address   | Employer/Occupation/Labor Organization | Date (MM/DD/YYYY)           | Amount          |
| 2427 Marthes Wood  |  | 09/22/19                    | \$100           |
|  | State Zip Code                         | Form (Cash, Check, Etc      |                 |
| Grove City   | OH 13123                               | sheck                       |                 |
| Full Name of Contributor   |  | Registration Number, if PAC |                 |
| Anne Leasure   |  |                             |                 |
| Street Address   | Employer/Occupation/Labor Organization | Date (MM/DD/YYYY)           | Amount          |
| 4759 Nicholas Pointe   |  | 09/22/19                    | \$150           |
| City   | State Zip Code                         | Form (Cash, Check, Etc      |                 |
| Grave City   | OH 43123                               | Check                       |                 |
| Full Name of Contributor   |  | Registration Number, if PAC |                 |
| John & Mellosa Hayes   | ·                                      |                             |                 |
| Street Address   | Employer/Occupation/Labor Organization | Date (MM/DD/YYYY)           | Amount          |
| 4614 HiAh Hill Rd  |  | 09122119                    | \$40            |
| City   | State Zip Code                         | Form (Cash, Check, Etc      |                 |
| Grove City   | OHU 43123                              | Check                       |                 |
| * 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)] |  |                             |                 |

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the

Page Total \$

**Total Expenditures This Event**