



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

Form 31-E
R.C. 3517.10(B)

Pinnacle Event

Full Name of Committee Citizens For Robinette				
Full Name of Contributor Matt & Kaylea Annen			Registration Number, if PAC	
Street Address 1114 Pinnacle Club Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/25/19
City Grove City		State OH <input checked="" type="checkbox"/>	Zip Code 43123	Amount \$200 ⁰⁰
Form (Cash, Check, Etc) check				
Full Name of Contributor Brenda & Larry Newman			Registration Number, if PAC	
Street Address 4669 Heatherblend Ct		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/24/19
City Grove City		State OH <input checked="" type="checkbox"/>	Zip Code 43123	Amount \$50 ⁰⁰
Form (Cash, Check, Etc) check				
Full Name of Contributor Kirk Wallace & Rene Julian			Registration Number, if PAC	
Street Address 1194 Pinnacle Club Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/27/19
City Grove City		State OH <input checked="" type="checkbox"/>	Zip Code 43123	Amount \$1,000 ⁰⁰
Form (Cash, Check, Etc) check				
Full Name of Contributor Eric & Alex Varney			Registration Number, if PAC	
Street Address 2722 Parlin Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/25/19
City Grove City		State OH <input checked="" type="checkbox"/>	Zip Code 43123	Amount \$100 ⁰⁰
Form (Cash, Check, Etc) check				
Full Name of Contributor Sharon Reichard			Registration Number, if PAC	
Street Address 2427 Marthas Wood		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/27/19
City Grove City		State OH <input checked="" type="checkbox"/>	Zip Code 43123	Amount \$200 ⁰⁰
Form (Cash, Check, Etc) 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)]

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
\$3,690.00

Total Expenditures This Event
\$630.83

Page Total \$ **1,550.00**