

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

Form 31-E

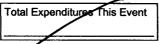
		1001	Pam Social	R.C. 3517.10(B)
Full Name of Committee				
Citizens Fox Robinette				
Full Name of Contributor			Registration Number, if PAC	
Narca Stockett Chesse				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
4734 Bell Classic D			09/10/19	\$10000
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OML	43123	Check	
Full Name of Contributor			Registration Number, if PAC	
Matt & Kaylea Anner				
Street Address	Employer/Occup	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount CO
1114 Pinnacle Club D			09/06/19	\$40
City	State	Zip Code	Form (Cash, Check, Etc	and the second
Grave City	OHL	43123	Check	en e
Full Name of Contributor			Registration Number, if PAC	
Matthew & Sarah Abbi	+			
Street Address		ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
1216 McClish Ct			09/11/19	\$40 <u>co</u>
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OHL	43123	check	
Full Name of Contributor			Registration Number, if PAC	
Mank & Katie Gensler				
Street Address		ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
1618 Pinnacle Club Dr			09/16/19	\$5000
City	State	Zip Code	Form (Cash, Check, Etc	
GNOVE CITY	OHL	43123	Check	
Full Name of Contributor			Registration Number, if PAC	
Jacqueline Donovan				
Street Address	Employer/Occup	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
1090 Pinnacle Club Dr			09/16/19	\$50
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	al-	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)]

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 \$2,600.00



Page Total \$ 280 .50