



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

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

| | | | | |
|---|--|---|-----------------------------|---------------------------------|
| Full Name of Committee Citizens For Robnett-e | | | | |
| Full Name of Contributor Kirk Wallace & Rene Julian | | | Registration Number, if PAC | |
| Street Address 1194 Pinnacle Club | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/23/2019 |
| City Grove City | | State OH | Zip Code 43123 | Amount \$200.00 |
| Form (Cash, Check, Etc) check | | | | |
| Full Name of Contributor Contributions Of \$25 or Less | | | | |
| Street Address | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/23/2019 | Amount \$600.00 | |
| City | | State | Zip Code | Form (Cash, Check, Etc) cash |
| | | | | |
| Full Name of Contributor Lisa Durso | | | Registration Number, if PAC | |
| Street Address 1048 Pinnacle Club | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/23/2019 |
| City Grove City | | State OH | Zip Code 43123 | Amount \$100.00 |
| Form (Cash, Check, Etc) cash | | | | |
| Full Name of Contributor Barry Baker | | | | |
| Street Address 6360 Lambert Rd | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/22/2019 | Amount \$100 | |
| City Orient | | State OH | Zip Code 43146 | Form (Cash, Check, Etc) cash |
| | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) |
| City | | State | Zip Code | Amount |
| Form (Cash, Check, Etc) | | | | |

* 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

Total Expenditures This Event

Page Total \$ \$1000.00