



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

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

*Pinnacle Event*

|   |  |   |                                    |   |
|---|--|---|------------------------------------|---|
| <b>Full Name of Committee</b><br><i>Citizens For Robinette</i>        |  |   |                                    |   |
| <b>Full Name of Contributor</b><br><i>Shawn &amp; Susan Ballinger</i> |  |   | <b>Registration Number, if PAC</b> |   |
| <b>Street Address</b><br><i>1872 Timber Haven Ct</i>                  |  | <b>Employer/Occupation/Labor Organization*</b>                |                                    | <b>Date (MM/DD/YYYY)</b><br><i>08/08/19</i> |
| <b>City</b><br><i>Grove City</i>                                      |  | <b>State</b><br><i>OH</i> <input checked="" type="checkbox"/> | <b>Zip Code</b><br><i>43123</i>    | <b>Amount</b><br><i>\$100<sup>00</sup></i>  |
| <b>Form (Cash, Check, Etc)</b><br><i>Check</i>                        |  |   |                                    |   |
| <b>Full Name of Contributor</b><br><i>Laura Lanese</i>                |  |   | <b>Registration Number, if PAC</b> |   |
| <b>Street Address</b><br><i>4594 Goodman St</i>                       |  | <b>Employer/Occupation/Labor Organization*</b>                |                                    | <b>Date (MM/DD/YYYY)</b><br><i>08/01/19</i> |
| <b>City</b><br><i>Grove City</i>                                      |  | <b>State</b><br><i>OH</i> <input checked="" type="checkbox"/> | <b>Zip Code</b><br><i>43123</i>    | <b>Amount</b><br><i>\$500<sup>00</sup></i>  |
| <b>Form (Cash, Check, Etc)</b><br><i>Check</i>                        |  |   |                                    |   |
| <b>Full Name of Contributor</b><br><i>Allen &amp; Christine Houk</i>  |  |   | <b>Registration Number, if PAC</b> |   |
| <b>Street Address</b><br><i>2099 Stargrass Ave</i>                    |  | <b>Employer/Occupation/Labor Organization*</b>                |                                    | <b>Date (MM/DD/YYYY)</b><br><i>08/08/19</i> |
| <b>City</b><br><i>Grove City</i>                                      |  | <b>State</b><br><i>OH</i> <input checked="" type="checkbox"/> | <b>Zip Code</b><br><i>43123</i>    | <b>Amount</b><br><i>\$250<sup>00</sup></i>  |
| <b>Form (Cash, Check, Etc)</b><br><i>Check</i>                        |  |   |                                    |   |
| <b>Full Name of Contributor</b><br><i>Timothy &amp; Carrie Keck</i>   |  |   | <b>Registration Number, if PAC</b> |   |
| <b>Street Address</b><br><i>1852 Tournament Way</i>                   |  | <b>Employer/Occupation/Labor Organization*</b>                |                                    | <b>Date (MM/DD/YYYY)</b><br><i>08/08/19</i> |
| <b>City</b><br><i>Grove City</i>                                      |  | <b>State</b><br><i>OH</i> <input checked="" type="checkbox"/> | <b>Zip Code</b><br><i>43123</i>    | <b>Amount</b><br><i>\$250<sup>00</sup></i>  |
| <b>Form (Cash, Check, Etc)</b><br><i>Check</i>                        |  |   |                                    |   |
| <b>Full Name of Contributor</b><br><i>Jeff &amp; Jamie Wiegand</i>    |  |   | <b>Registration Number, if PAC</b> |   |
| <b>Street Address</b><br><i>1102 Pinnacle Club Dr</i>                 |  | <b>Employer/Occupation/Labor Organization*</b>                |                                    | <b>Date (MM/DD/YYYY)</b><br><i>08/08/19</i> |
| <b>City</b><br><i>Grove City</i>                                      |  | <b>State</b><br><i>OH</i> <input checked="" type="checkbox"/> | <b>Zip Code</b><br><i>43123</i>    | <b>Amount</b><br><i>\$400<sup>00</sup></i>  |
| <b>Form (Cash, Check, Etc)</b><br><i>check</i>                        |  |   |                                    |   |

\* 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 \$ 1,500.00