

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Citizens For Robinette					
Full Name of Contributor Registration Nu					per, if PAC
Steve & Elizabeth Showalter					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1203 Pinnack Club Dr					Check
City	State	Zip Code	Date (MM/D		Amount
Grove City	047	45601	0212	1/0219	\$1000
Full Name of Contributor	Registration			Registration Numb	per, if PAC
Citizens For Cheryl Grassman					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4381 Prestix Lane					Check
City	State	Zip Code	Date (MM/D		Amount
Hilliard	어그	43026	02/0	9/19	\$ 12,000000
·				Registration Numb	per, if PAC
Kirk Wallace					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1194 Pinnacle Club Df					Check
City	State	Zip Code	Date (MM/D		Amount
Grove City	어닌	43123) Oala	1119	\$1,000 00
Full Name of Contributor				Registration Number, if PAC	
JOHN DUBOS ? LISA	ohn Dubos? Lisa Dubos				, .
Street Address	Employer	Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
1048 Pinnacle Club Dr					Cash
City	State	Zip Code	Date (MM/D	•	Amount (700 OT)
Grove City	0H 🖸	43123	03/0	4/19	\$2,50000
Full Name of Contributor Registration Number, if PAC					
Jeffreya Ruth Pearson					
Street Address	Employer	Occupation/Labor O	rganization*	,	Form (Cash, Check, etc.)
8484 Munitions Ct					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Galloway	OH]	43119			\$ 500°°

^{*}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)]