

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

Form 31-E

			nnacie	Event	R.C. 3517.10(B)	
Full Name of Committee						
Citizens For Robin	eHe					
Full Name of Contributor			Registration Number, if PAC			
Hex Varney						
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/Y	YYY)	Amount	
2722 Parlin Drive			08/08/19		\$2000	
City	State	Zip Code	Form (Cash, Ch	•		
Grove City	OH	43123	Cash	`		
Full Name of Contributor			Registration Nu	nber, if PAC		
Jim Hale						
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/Y	YYY)	Amount	
4215 Arbutus Ave			08/08	119	\$10000	
City	State	Zip Code	Form (Cash, Ch	•	* * * * * * * * * * * * * * * * * * *	
Grove City	OHL	43123	chec	人	**************************************	
Full Name of Contributor			Registration Nu	nber, if PAC		
Sharan Reichard						
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/Y	YYY)	Amount &	
2427 Marthas Wood			08/08/	19	\$20	
City	State	Zip Code	Form (Cash, Ch	eck, Etc		
Grove City	OH	43123	cash	•	3.444.3	
Full Name of Contributor			Registration Number, if PAC			
Richard & Nancie Becht	rel					
Street Address		ion/Labor Organization*	Date (MM/DD/Y	YYY)	Amount	
11880 Elgin Dr			08/08/		\$10000	
City	State	Zip Code	Form (Cash, Ch	eck, Etc		
Orient	OHL	43146	Check			
Full Name of Contributor			Registration Nu	mber, if PAC		
Bornie Brizendine						
ou doct right cod	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/Y		Amount	
1180 Pinnade Club DX			08/08	119	\$200	
City	State	Zip Code	Form (Cash, Ch			
Grove City	OH	43123	Chec	X		
* Required for contributions from individuals over \$100	to statewide and Ge	neral Assembly candida	tes. If contributor	is self-employe	d, the occupation and the	

* 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	_						
	•						