



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

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

Full Name of Committee Robinson For Worthington				
Full Name of Contributor Anita Beck			Registration Number, if PAC	
Street Address 6840 Downs Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.07.17	Amount 50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, Etc check	
Full Name of Contributor Contributors of \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount 25.00
City	State OH	Zip Code	Form (Cash, Check, Etc cash	
Full Name of Contributor Contributors of \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.07.17	Amount 20.00
City	State OH	Zip Code	Form (Cash, Check, Etc cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State OH	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State OH	Zip Code	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
420.00

Total Expenditures This Event

Page Total \$ **95.00**