



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 Albert Gabel			Registration Number, if PAC	
Street Address 7190 Coffman Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.21.2017	Amount 50.00
City Dublin	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) check	
Full Name of Contributor David Niven			Registration Number, if PAC	
Street Address 5858 Granby St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.21.201	Amount 100.00
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) check	
Full Name of Contributor Megan Finnegan-Ratliff			Registration Number, if PAC	
Street Address 56 Howard Ave.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.21.201	Amount 100.00
City Worthington	State <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) check	
Full Name of Contributor Anita Beck			Registration Number, if PAC	
Street Address 6840 Downs St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.21.201	Amount 100.00
City Worthington	State <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) check	
Full Name of Contributor Peggy Barnum			Registration Number, if PAC	
Street Address 120 W Clearview Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.21.201	Amount 200.00
City Worthington	State <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) check	

* 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 \$ 550.00