



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

Form 31-E

Grove City Brewing Event R.C. 3517.10(B)

Full Name of Committee Citizens For Robynette				
Full Name of Contributor Barry & Sonya Baker			Registration Number, if PAC	
Street Address 6360 Lambert Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/26/19
City Orient		State OH <input checked="" type="checkbox"/>	Zip Code 43146	Amount \$250. ⁰⁰
Form (Cash, Check, Etc) check				
Full Name of Contributor Sharon Reichard				
Street Address 2427 Martha's Wood			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/27/19	Amount \$100. ⁰⁰	
City Grove City		State OH <input checked="" type="checkbox"/>	Zip Code 43123	
Form (Cash, Check, Etc) check				
Full Name of Contributor Kenneth & Anne Hoffman				
Street Address 4332 Sunninghill Dr			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/31/19	Amount \$250. ⁰⁰	
City Grove City		State OH <input checked="" type="checkbox"/>	Zip Code 43123	
Form (Cash, Check, Etc) check				
Full Name of Contributor Foot & Ankle Physicians of Ohio (Dr Elizabeth Hewitt)				
Street Address 1325 Stringtown Rd			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/01/19	Amount \$100. ⁰⁰	
City Grove City		State OH <input checked="" type="checkbox"/>	Zip Code 43123	
Form (Cash, Check, Etc) check				
Full Name of Contributor Love Chiropractic Care (Dr. Chris Love)				
Street Address PO Box 577			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/02/19	Amount \$1,000. ⁰⁰	
City Grove City		State OH <input checked="" type="checkbox"/>	Zip Code 43123	
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 \$ \$1,700.⁰⁰

\$3850.⁰⁰

\$747.⁶³