



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

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

Ice Cream Social

Full Name of Committee <i>Citizens For Robinette</i>				
Full Name of Contributor <i>Bonnie Brizendine</i>			Registration Number, if PAC	
Street Address <i>1180 Pinnacle Club Dr</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>09/22/19</i>	Amount <i>\$40⁰⁰</i>
City <i>Grove City</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code <i>43123</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Brad Stair</i>			Registration Number, if PAC	
Street Address <i>4537 Hirth Hill Rd</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>09/22/19</i>	Amount <i>\$150⁰⁰</i>
City <i>Grove City</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code <i>43123</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Kirk Wallace & Rene Julian</i>			Registration Number, if PAC	
Street Address <i>1194 Pinnacle Club Dr</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>09/22/19</i>	Amount <i>\$200⁰⁰</i>
City <i>Grove City</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code <i>43123</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Eric & Mary Girard</i>			Registration Number, if PAC	
Street Address <i>4481 Hirth Hill Rd</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>09/22/19</i>	Amount <i>\$150⁰⁰</i>
City <i>Grove City</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code <i>43123</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Kirk Wallace & Rene Julian</i>			Registration Number, if PAC	
Street Address <i>1194 Pinnacle Club Dr</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>09/22/19</i>	Amount <i>\$200⁰⁰</i>
City <i>Grove City</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code <i>43123</i>	Form (Cash, Check, Etc) <i>check</i>	

* 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 \$ *740.00*