



**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 <u>Citizens For Robinette</u>				
Full Name of Contributor <u>Barry & Sonya Baker</u>			Registration Number, if PAC	
Street Address <u>6360 Lambert Rd</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>03/26/19</u>
City <u>Orient</u>		State <u>OH</u>	Zip Code <u>43146</u>	Amount <u>\$250.00</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>Sharon Reichard</u>			Registration Number, if PAC	
Street Address <u>2427 Martha's Wood</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>03/27/19</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Amount <u>\$100.00</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>Kenneth & Anne Hoffman</u>			Registration Number, if PAC	
Street Address <u>4332 Sunninghill Dr</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>03/31/19</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Amount <u>\$250.00</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>Foot & Ankle Physicians of Ohio (Dr Elizabeth Hewitt)</u>			Registration Number, if PAC	
Street Address <u>1325 Stringtown Rd</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>04/01/19</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Amount <u>\$100.00</u>
Form (Cash, Check, Etc) <u>check</u>				
Full Name of Contributor <u>Love Chiropractic Care (Dr. Chris Love)</u>			Registration Number, if PAC	
Street Address <u>PO Box 577</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>04/02/19</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Amount <u>\$1,000.00</u>
Form (Cash, Check, Etc) <u>check</u>				

* 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
\$3,400.00

Total Expenditures This Event
\$747.63

Page Total \$ \$1,700.00