

Event Date 09 22 19 Page (

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

Form 31-E

			the likery soon	R.C. 3517.10(B)
Full Name of Committee				
Citizens For Robin	reHe			
Full Name of Contributor			Registration Number, if PAC	
Tiffany & John Blo	LCK			
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
5602 Platinum Dr			09/22/19	\$40.00
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	<u> </u>	43123	cash	
Full Name of Contributor			Registration Number, if PAC	
Cinay Hester				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	AmountCO
1140 Pinnacle GubD			09/22/19	\$ 50
City	State	Zip Code	Form (Cash, Check, Etc	***
Grove City	المالا	43123	Check	
Full Name of Contributor			Registration Number, if PAC	
Daved Lauren Arno	ld			
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
5872 Goldstone Ct			09/22/19	540°
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OH	43123	Cash	
Full Name of Contributor			Registration Number, if PAC	
Julie Eckel				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4565 Hirth Hill Ra			09122/19	\$40
City	State	Zip Code	Form (Cash, Check, Etc	
Grave aty	OHL	43123	Cash	
Full Name of Contributor			Registration Number, if PAC	
Richard Hutchings				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2954 Fox Bargle Dr			09/22/19	\$40=
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	and	43123	Check	
* Required for contributions from individuals over \$100 f	o statewide and Ge	neral Assembly candida	tes. If contributor is self-employe	d, the occupation and the

* 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