

Event Date <u>68/08/19</u> F

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

Form 31-E

			Pinnocle Exerci	R.C. 3517.10(B)
Full Name of Committee	_			
Citizens For Robin	effe			
Full Name of Contributor			Registration Number, if PAC	
Brett Baker				
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6360 Lambert Rd			08/08/19	\$10000
City	State	Zip Code	Form (Cash, Check, Etc	v.
Crient	04 -	43146	cash	
Full Name of Contributor		•	Registration Number, if PAC	
Sarya Baker				
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
Sorya Baker Street Address 6360 Lambert Rd			05/08/19	\$100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Orient	al	43146	Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor		La	Registration Number, if PAC	The section of the se
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	:
Full Name of Contributor			Registration Number, if PAC	_
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
				↓
City	State	Zip Code	Form (Cash, Check, Etc	
* Required for contributions from individuals over \$100	to statewide and Ge	I eneral Assembly candida	Ites. If contributor is self-employ	red, the occupation and the
manus af the individual business if any action the	and a comment of the late of the	4. 4 1/4		

* 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	s This Event

Total Expenditures This Event