

Statement of Contributions Received

Form 31./

ORC 3517.10

					
Full Name of Committee					
Citizans For Robine He					
Full Name of Contributor Registration					er, if PAC
John & Patricia Jones					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
350 Frank Rd					Check
City	State	ate Zip Code Date (MM/DD/YYYY)			Amount
Grove City	OH I	43123	09/	11/19	\$ 20000
Full Name of Contributor		Registration Num			er, if PAC
FOR Political Education	Fund			LA-198	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6600 Schrock Hill Ct		Check			
City	State	Zip Code	Date (MM/D		Amount
Grove City	OH -	43123	09/10	1/19	\$1,000°C
Full Name of Contributor	R			Registration Number	er, if PAC
Julean Joseph					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3443 CasHeton St					online
City	State				Amount C
Grove CHY	CH I	43123	09/22/19		\$ 5000
Full Name of Contributor				Registration Number, if PAC	
Amber Yors					·
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
125 Hidden Creek Dt online					online
City	State	1=1 10000 (1111000) 1 1 1 1		Amount	
Gallanay	OH	43119	0918	14/19	\$ 250.00
Full Name of Contributor				Registration Number, if PAC	
Lanese For Ohio Street Address					
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
260 N. Cassay Ave					Check
· ·	State	ate Zip Code Date (MM/DD/YYYY)		DYYYY)	Amount
Columbus	OHL	43209	104/10	2/19	\$500

^{*}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)]