

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

Form 31-E

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Full Name of Committee				
Citizens For Robine	He			
Full Name of Contributor	Registration Number, if PAC	Registration Number, if PAC		
Charlie & Katie Dec	20			,
Street Address		oation/Labor Organization		Amount $\omega$
4705 Hirth Hill Ra			09/16/19	\$50
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OHL	143123	Check	
Full Name of Contributor			Registration Number, if PAC	
Gres & Naria Olson Street Address				
	Employer/Occup	pation/Labor Organization	Date (MM/DD/YYYY)	Amount CO_
4531 Grand Strand Dr			09/15/19	\$100°C
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OHL	143123	Check	
Full Name of Contributor			Registration Number, if PAC	,
Michael Mantkowski				
Street Address	Employer/Occup	pation/Labor Organization		Amount
4716 Harrisburg Pike			09/22/19	\$100
	State	Zip Code	Form (Cash, Check, Etc	
Grove City	CH L	43123	Cash	
Full Name of Contributor			Registration Number, if PAC	
Timothy & Carrie Ked	K	<u> </u>	•	
Street Address	Employer/Occup	pation/Labor Organizatio	n* Date (MM/DD/YYYY)	Amount
1852 Tourrament Way			09/22/19	\$40
City	State	Zip Code	Form (Cash, Check, Etc	
Brove City	OHL	143123	cash	
Full Name of Contributor			Registration Number, if PAC	
Brian & Jennifer D	oles			
Street Address	Employer/Occup	oation/Labor Organizatio	n* Date (MM/DD/YYYY)	Amount
4664 Hirth Hill Ra			09/22/19	\$4000
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OHL	1143123	Cash	
* Required for contributions from individuals over \$100				

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 No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event

Total	Expenditures	This	Event

aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]