



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Robinson For Worthington				
Full Name of Contributor Val Knapp			Registration Number, if PAC	
Street Address 500 Olenwood Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10.17.17	Amount 300.00
Full Name of Contributor Saundra Saboley			Registration Number, if PAC	
Street Address 6862 Hayhurst Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10.18.17	Amount 10.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]