

Event Date 04/04/19 Page 1

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

Form 31-E

		(Ś)(Brewn, Event	R.C. 3517.10(B)
Full Name of Committee			O	
Citizens For Robi	ne.He			
Full Name of Contributor			Registration Number, if PAC	
Justin Harrey				
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1166 Pinnade Club Dr			04/04/19	\$10000
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OHL	43123	cash	
Full Name of Contributor			Registration Number, if PAC	
Deboral Guzzo				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1700 Dyer Rd			04/04/19	\$10000
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OH I	43123	Check	
Full Name of Contributor			Registration Number, if PAC	
Kirk Wallace & Rene J	ulian			
Street Address		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1194 Pinnacle Club Dr			04/04/19	\$10000
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OH	43123	check	
Full Name of Contributor			Registration Number, if PAC	
Paul & Amy Dawson				
Olicet Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6084 WinnebasoSt	,		04/04/19	\$25000
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OM	43123	Check	
Full Name of Contributor			Registration Number, if PAC	
Timuthy & Carrie Ke	ck			
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1852 Townsment Way			04/04/19	\$250 50
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	OH	43123	Check	
* Required for contributions from individuals over \$100 to	to statewide and Ge	eneral Assembly candida	tes. If contributor is self-employe	d, 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
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