

Event Date	10.21.2017	Page 3
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Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

				R.C. 3517.10(B)
Full Name of Committee				
Robinson For Worthington				
Full Name of Contributor	····	·	Registration Number, if PAC	
William Fullarton				
Street Address	Employer/Occupat	Employer/Occupation/Labor Organization*		Amount
4223 Tuller Ridge Drive	}		10.21.2017	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Dublin	ОН ▼	43085	check	•
Full Name of Contributor		<u> </u>	Registration Number, if PAC	
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor		<u> </u>	Registration Number, if PAC	
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor		<u> </u>	Registration Number, if PAC	
Street Address	Employer/Occupat	ion/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	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	

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 Contri	butions	This	Event
860.00			

Total Expenditures This Event	Ĺ
0.00	_

n 10	00 00
Page Total \$ 10	

^{*} 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)]