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Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee													
Friends of Cornell Rol	pertso	n											T
From Whom Received							Prior	Amo	ount		Amt. Incurred this Period		
Cornell Robertson											- 7.3 44	-,	1,910.46
Address 5434 Schatz Lane									1 / 5	. ,			Outstanding Balance 1,910.46
City	State	Zip Code	÷	1.oa	ns Receis	ed This	Period		Г		·	Pay	ments This Period
Hilliard	OH	4302	5		Date			Amount	1		Dat	•	Amount
Date Loan was originally	M	D	Y	M	D	Y	S		M		D	Y	\$
Incurred	0 4	1 2	1 1	$0 \mid 4$	1 2	1 1		1910.46			ŀ		
Registration Number, if PAC				M	D	Y			M		D 	Y	
Employer,Occupation/Labor Organization*				М	D 	Y			M		D	Y	
From Whom Received							Prior Amount				Aunt. Incurred this Period		
Address											٠.,	• • •	Outstanding Balance
City	State	Zip Cod	e	Loa	Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally	M	D	Y	M	D	Y	\$		M		D	Y	Ş
Incurred		1											
Registration Number, if PAC				М	D 	- Y			M		D 	Y 	
Employer Occupation/Labor Organization*				М	D 	Y			M		D 	Y	•
From Whom Received						Prior Amount Amt. Incurred this Period							
Address									,				Outstanding Balance
City	State	Zip Cod	e	Loa	Loans Received This Period Date Amount						Dat		ments This Period Amount
Date Loan was originally	M	D	Y	M	D.	Y	S		M		D	Y	\$
Incurred													
Registration Number, if PAC				M	D	Y			M		D 	Y	
Employer Occupation/Labor Organization*				М	D	Y			M		D	Y	
* Required for contributions over \$100 to s	tatewide a	ınd genera	ıl assembl	; y candidat	es. If con	ributor is	self-emp	oloyed, occupation an	d the n	ame	of the in	dividual	s business.

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form N	le. 31-A-2]
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form)	No. 30-A)

1	Total prior amount \$	0.00	
2	Total received this period \$	1,910.46	(To Form No. 31-A-2)
3	Total Payments this Period S	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	1,910.46	(To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear, R.C. 3517.10(B)(4)