31-E
R.C. 3517.10(B)

Event Date 3/29/11
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Cornell Robertson							
Full Name of Contributor			**Registration Number, if PAC**				
Michael Pitt							
Street Address	**Employer/Occupation/Labor Organization***		**M**	**D**	**Y**	**Amount**	
4297 Kristy Court			03	29	11	20.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Hilliard	O | H	43026	Check				
Full Name of Contributor			**Registration Number, if PAC**				
Richard Rockich							
Street Address	**Employer/Occupation/Labor Organization***		**M**	**D**	**Y**	**Amount**	
34023 Hickory Court			03	29	11	75.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Avon	O | H	44011	Check				
Full Name of Contributor			**Registration Number, if PAC**				
Don Shepard							
Street Address	**Employer/Occupation/Labor Organization***		**M**	**D**	**Y**	**Amount**	
143 Wallsend Court			03	29	11	50.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Powell	O | H	43065	Check				
Full Name of Contributor			**Registration Number, if PAC**				
Ron Shepard							
Street Address	**Employer/Occupation/Labor Organization***		**M**	**D**	**Y**	**Amount**	
1750 Shady Brook Lane			03	29	11	50.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Hilliard	O | H	43228	Check				
Full Name of Contributor			**Registration Number, if PAC**				
George Sicaras							
Street Address	**Employer/Occupation/Labor Organization***		**M**	**D**	**Y**	**Amount**	
2988 North High Street			03	29	11	150.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Columbus	O | H	43202	Check				
Full Name of Contributor			**Registration Number, if PAC**				
Mike Storer							
Street Address	**Employer/Occupation/Labor Organization***		**M**	**D**	**Y**	**Amount**	
8363 Nuthatch Way			03	29	11	35.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Columbus	O | H	43235	Check				
Full Name of Contributor			**Registration Number, if PAC**				
Timothy Van Echo							
Street Address	**Employer/Occupation/Labor Organization***		**M**	**D**	**Y**	**Amount**	
6191 Heritage Lakes Drive			03	29	11	35.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
Hilliard	O | H	43026	Check				

* 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 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

Total expenditures this event

Page Total $ 415.00