

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Cornell Robertson										
Full Name of Contributor Sutherland, L. Beth						Registration Number, if PAC				
Street Address 4966 Winters Lane			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check			
City Cold Springs			State KY		Zip Code 41076		M 0	D 2	Y 0917	Amount \$200.00
Full Name of Contributor Jewell, James W.						Registration Number, if PAC				
Street Address 5348 Adventure Drive			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) M.O.			
City Dublin			State OH		Zip Code 43017		M 0	D 4	Y 0517	Amount \$500.00
Full Name of Contributor Jewell, James W.						Registration Number, if PAC				
Street Address 5348 Adventure Drive			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) M.O.			
City Dublin			State OH		Zip Code 43017		M 0	D 4	Y 2117	Amount \$1,000.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City			State OH		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City			State OH		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City			State OH		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City			State OH		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City			State OH		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)			
City			State OH		Zip Code		M	D	Y	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)]