

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | |
|---|--|--------------------|--------------------------|---------------|---|---------------|---------------|---------------------------------|-------------------------------------|--|---------------|--------------------|
| Full Name of Committee Friends of Cornell Robertson | | | | | | | | | | | | |
| From Whom Received Cornell Robertson | | | | | | | | Prior Amount 1,910.46 | | Amt. Incurred this Period 211.87 | | |
| Address 5434 Schatz Lane | | | | | | | | | | Outstanding Balance 2,122.33 | | |
| City Hilliard | | State OH | Zip Code 43026 | | Loans Received This Period Date Amount | | | | Payments This Period Date Amount | | | |
| Date Loan was originally Incurred | | M 0 | D 4 | Y 1 | M 0 | D 5 | Y 0 | S 9 | M 1 | D 1 | Y 1 | S 211.87 |
| Registration Number, if PAC | | | | | M | D | Y | S | M | D | Y | S |
| Employer/Occupation/Labor Organization* | | | | | M | D | Y | S | M | D | Y | S |
| From Whom Received | | | | | | | | Prior Amount | | Amt. Incurred this Period | | |
| Address | | | | | | | | | | Outstanding Balance | | |
| City | | State | Zip Code | | Loans Received This Period Date Amount | | | | Payments This Period Date Amount | | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | S | M | D | Y | S |
| Registration Number, if PAC | | | | | M | D | Y | S | M | D | Y | S |
| Employer/Occupation/Labor Organization* | | | | | M | D | Y | S | M | D | Y | S |
| From Whom Received | | | | | | | | Prior Amount | | Amt. Incurred this Period | | |
| Address | | | | | | | | | | Outstanding Balance | | |
| City | | State | Zip Code | | Loans Received This Period Date Amount | | | | Payments This Period Date Amount | | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | S | M | D | Y | S |
| Registration Number, if PAC | | | | | M | D | Y | S | M | D | Y | S |
| Employer/Occupation/Labor Organization* | | | | | M | D | Y | S | M | D | Y | S |

* 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 or more 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)

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 No. 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).

- Total prior amount \$ 1,910.46
- Total received this period \$ 211.87 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 2,122.23 (To Form No. 30-A)