

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Cornell Robertson									
Full Name of Contributor Mary J. Kleingers						Registration Number, if PAC			
Street Address 4812 Scarbough Ct.			Employer/Occupation/Labor Organization*			M D Y 0 2 2 5 1 4		Form (Cash, Check, etc.) Check	
City Middletown			State Zip Code O H 45042					Amount 100.00	
Full Name of Contributor Charles A. Mitchell						Registration Number, if PAC			
Street Address 2010 Inchcliff Road			Employer/Occupation/Labor Organization*			M D Y 0 2 2 5 1 4		Form (Cash, Check, etc.) Check	
City Upper Arlington			State Zip Code O H 43221					Amount 100.00	
Full Name of Contributor Edward P. Ferris						Registration Number, if PAC			
Street Address 1959 Collingswood Road			Employer/Occupation/Labor Organization*			M D Y 0 2 2 8 1 4		Form (Cash, Check, etc.) Check	
City Columbus			State Zip Code O H 43221					Amount 500.00	
Full Name of Contributor Matthew E. Ferris						Registration Number, if PAC			
Street Address 2036 Berkshire Road			Employer/Occupation/Labor Organization*			M D Y 0 2 2 8 1 4		Form (Cash, Check, etc.) Check	
City Columbus			State Zip Code O H 43221					Amount 500.00	
Full Name of Contributor Paul L. Scala						Registration Number, if PAC			
Street Address P. O. Box 4768			Employer/Occupation/Labor Organization*			M D Y 0 3 0 7 1 4		Form (Cash, Check, etc.) Check	
City Akron			State Zip Code O H 44310					Amount 500.00	
Full Name of Contributor William A. Scala						Registration Number, if PAC			
Street Address 700 Home Ave.			Employer/Occupation/Labor Organization*			M D Y 0 3 0 7 1 5		Form (Cash, Check, etc.) Check	
City Akron			State Zip Code O H 44310					Amount 1,000.00	
Full Name of Contributor Willis R. Conner						Registration Number, if PAC			
Street Address 7260 Shadeland Station			Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 1 4		Form (Cash, Check, etc.) Check	
City Indianapolis			State Zip Code I N 46256					Amount 250.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			M D Y		Form (Cash, Check, etc.)	
City			State Zip Code					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 appear. [R.C. 3517.10(B)(4)]