31-E
R.C. 3517.10(B)

Event Date 3/1/11
Page 3

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				
Cheryl Davis							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1073 Putney Drive			03	01	11	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Worthington	OH	43085	Check				
Full Name of Contributor			Registration Number, if PAC				
Bob DeStefano							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1611 Slade Ave.			03	01	11	75.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43235	Check				
Full Name of Contributor			Registration Number, if PAC				
Brent Downing							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3131 Zoe Court			03	01	11	75.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Galena	OH	43021	Check				
Full Name of Contributor			Registration Number, if PAC				
Larry Earman							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
4369 Shire Creek Court			03	01	11	200.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Hilliard	OH	43026	Check				
Full Name of Contributor			Registration Number, if PAC				
Carlos Escalante							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
375 James Road			03	01	11	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Gahanna	OH	43026	Check				
Full Name of Contributor			Registration Number, if PAC				
Greg Evans							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5654 Davidson Road			03	01	11	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Hilliard	OH	43026	Check				
Full Name of Contributor			Registration Number, if PAC				
Edward Ferris							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1959 Collingswood Road			03	01	11	250.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Upper Arlington	OH	43221	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 $ 750.00