

# Statement of Contributions Received

## at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Cornell Robertson</b>					
Full Name of Contributor <b>Steve Jewell</b>				Registration Number, if PAC	
Street Address <b>1117 Sleeping Meadow Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>011</b>
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Jim Joyce</b>				Registration Number, if PAC	
Street Address <b>5813 Heritage Lakes Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>011</b>
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Randy King</b>				Registration Number, if PAC	
Street Address <b>3810 Deeds Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>011</b>
City <b>Granville</b>	State <b>O   H</b>	Zip Code <b>43023</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Jack Kuttrus</b>				Registration Number, if PAC	
Street Address <b>5065 Breckenhurst</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>011</b>
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Doug Maddv</b>				Registration Number, if PAC	
Street Address <b>6300 Clark State Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>011</b>
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>William Marty</b>				Registration Number, if PAC	
Street Address <b>1342 Sandstone Loop North</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>011</b>
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Steve Mazer</b>				Registration Number, if PAC	
Street Address <b>3362 Harbor Bay Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>011</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>

\* 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 \$ 450.00