

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 Nicholas McCullough				Registration Number, if PAC	
Street Address 4371 Chanterella Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor John McGeorge				Registration Number, if PAC	
Street Address 3354 Sciota Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Judy Miller				Registration Number, if PAC	
Street Address 5760 Heritage Lakes Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 100.00
City Hilliard	State O H	Zip Code 43026		Form(Cash,Check,etc) Check	
Full Name of Contributor Jerry Mitchell				Registration Number, if PAC	
Street Address 5881 Pebble Beach Place		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 75.00
City Westerville	State O H	Zip Code 43082		Form(Cash,Check,etc) Check	
Full Name of Contributor Perry Morgan				Registration Number, if PAC	
Street Address 3536 Schirtzinger Road		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Hilliard	State O H	Zip Code 43026		Form(Cash,Check,etc) Check	
Full Name of Contributor Committee For Ron O'Brien				Registration Number, if PAC	
Street Address 865 Macon Ave.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Jim Pajk				Registration Number, if PAC	
Street Address 6077 Round Tower Lane		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Dublin	State O H	Zip Code 43017		Form(Cash,Check,etc) 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 \$ 425.00