

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 Garv Palatas				Registration Number, if PAC			
Street Address 1568 Horton Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	50.00
City Columbus	State O	H	Zip Code 43228	Form(Cash,Check,etc) Check			
Full Name of Contributor John Panovsky				Registration Number, if PAC			
Street Address 5026 Highlands Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	100.00
City Delaware	State O	H	Zip Code 43015	Form(Cash,Check,etc) Check			
Full Name of Contributor Greg Payne				Registration Number, if PAC			
Street Address 888 Thurber Dr. W. Apt. 1		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	75.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Dave Pearson				Registration Number, if PAC			
Street Address 701 Lakeland Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	50.00
City Westerville	State O	H	Zip Code 43081	Form(Cash,Check,etc) Cash			
Full Name of Contributor Parr Peterson				Registration Number, if PAC			
Street Address 2840 Pickwick Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	100.00
City Columbus	State O	H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Louis Piccin				Registration Number, if PAC			
Street Address 2923 Brookhaven Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	50.00
City Lewis Center	State O	H	Zip Code 43065	Form(Cash,Check,etc) Check			
Full Name of Contributor Todd Pomorski				Registration Number, if PAC			
Street Address 4018 Hampshire Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	75.00
City Powell	State O	H	Zip Code 43065	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 \$ 500.00