

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 Glenn Alban				Registration Number, if PAC	
Street Address 2400 Mac Court		Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43235		Form (Cash, Check, etc) Check	
Full Name of Contributor Matt Ballster				Registration Number, if PAC	
Street Address 2008 Sutter Parkwav		Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Dublin	State O H	Zip Code 43016		Form (Cash, Check, etc) Check	
Full Name of Contributor John Bryner				Registration Number, if PAC	
Street Address 5418 Richlanne Drive		Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Hilliard	State O H	Zip Code 43026		Form (Cash, Check, etc) Check	
Full Name of Contributor Bob Campbell				Registration Number, if PAC	
Street Address 2341 River Road		Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 100.00
City Delaware	State O H	Zip Code 43015		Form (Cash, Check, etc) Check	
Full Name of Contributor Mike Corbitt				Registration Number, if PAC	
Street Address 5391 Summer Ridge Lane		Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Galena	State O H	Zip Code 43021		Form (Cash, Check, etc) Check	
Full Name of Contributor Al Hane				Registration Number, if PAC	
Street Address 4032 Cypress Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Grove City	State O H	Zip Code 43123		Form (Cash, Check, etc) Check	
Full Name of Contributor Frank Hinkle				Registration Number, if PAC	
Street Address P.O. Box 20246		Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43220		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 \$ 400.00