

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 Mark Turner			Registration Number, if PAC	
Street Address 6726 Grosvenor Place	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 250.00
City Indianapolis	State I N	Zip Code 46220	Form (Cash, Check, etc) Check	
Full Name of Contributor Brent Welch			Registration Number, if PAC	
Street Address 1588 Longeaton Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Upper Arlington	State O H	Zip Code 43220	Form (Cash, Check, etc) Check	
Full Name of Contributor Danny Zidaroff			Registration Number, if PAC	
Street Address 5716 McAlpine Farm Road	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 100.00
City Charlotte	State N C	Zip Code 28226	Form (Cash, Check, etc) Check	
Full Name of Contributor Patrick Piccininni			Registration Number, if PAC	
Street Address 2024 Tewksbury Road	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	

* 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
1,515.00

Total expenditures this event

Page Total \$ **450.00**