31-E
R.C. 3517.10(B)

Event Date 3/29/11
Page 3

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			**Registration Number, if PAC**		
George Gillespie					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
7689 Brandonway Drive			03 29 11		50.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Dublin	OH	43017	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Steve Koch					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
2383 Zollinger Road			03 29 11		50.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Columbus	OH	43221	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Chris Lewie					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
5377 Edie Drive			03 29 11		25.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Hilliard	OH	43026	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Mark Logan					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
3283 Vinton Park Place			03 29 11		50.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Hilliard	OH	43026	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Andrea Lossick					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
1001 Military Drive			03 29 11		50.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Galloway	OH	43119	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Thomas Lyden					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
2846 Bohlen Drive			03 29 11		25.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Hilliard	OH	43026	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Mike Meeks					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
998 Norway Drive			03 29 11		35.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Columbus	OH	43221	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 $ 285.00