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Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full					•	
Friends of Cornell Robertson						
Full Name of Contributor			Registra	tion Nun	ber. if PA	C
Contributions from form No. 31-E			`			
Street Address	I Employer Occu	ipation/Labor Organization*				Form (Cash. Check, etc.)
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* 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)]

Page Total S 1,	515.00
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