

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Cornell Robertson									
Full Name of Contributor Sutherland, L. Beth							Registration Number, if PAC		
Street Address 4966 Winters Lane				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check	
City Cold Springs		State KY		Zip Code 41076		M 0		D 2	
						Y 0		Amount \$200.00	
Full Name of Contributor Jewell, James W.							Registration Number, if PAC		
Street Address 5348 Adventure Drive				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) M.O.	
City Dublin		State OH		Zip Code 43017		M 0		D 4	
						Y 0		Amount \$500.00	
Full Name of Contributor Jewell, James W.							Registration Number, if PAC		
Street Address 5348 Adventure Drive				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) M.O.	
City Dublin		State OH		Zip Code 43017		M 0		D 4	
						Y 2		Amount \$1,000.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	

* 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 also appear. [R.C. 3517.10(B)(4)]