

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 Brian Varrato				Registration Number, if PAC	
Street Address 303 Dewfall Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 1	Amount 100.00
City Sunbury	State O H	Zip Code 43074		Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Waite				Registration Number, if PAC	
Street Address 8248 Worthington Crossing Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 1	Amount 100.00
City Westerville	State O H	Zip Code 43081		Form(Cash,Check,etc) Check	
Full Name of Contributor Bob Weiler				Registration Number, if PAC	
Street Address 10 North High Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43215		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 3 2 9 1 1	Amount 35.00
City Upper Arlington	State O H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Williams				Registration Number, if PAC	
Street Address 2051 Stargrass Ave.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 1	Amount 35.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor James Wolfe				Registration Number, if PAC	
Street Address 207 Elizabeth Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 1	Amount 35.00
City New Lexington	State O H	Zip Code 43764		Form(Cash,Check,etc) Check	
Full Name of Contributor James Wright				Registration Number, if PAC	
Street Address 3349 Reed Point Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 1	Amount 50.00
City Hilliard	State O H	Zip Code 43026		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

3,030.00

Total expenditures this event

Page Total \$ 405.00