31-E
R.C. 3517.10(B)

Event Date 3/29/11
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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					
Mike Bashore						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2631 Lynnmore			03	29	11	35.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O | H	43235	Check			
Full Name of Contributor	Registration Number, if PAC					
Andrew Beard						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4714 Field Post Court			03	29	11	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Hilliard	O | H	43026	Check			
Full Name of Contributor	Registration Number, if PAC					
Ted Beidler						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2540 Welsford Road			03	29	11	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O | H	43221	Check			
Full Name of Contributor	Registration Number, if PAC					
Bob Benvenuti						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6963 Ballantrae Loop			03	29	11	35.00
City	State	Zip Code	Form(Cash,Check,etc)			
Dublin	O | H	43016	Check			
Full Name of Contributor	Registration Number, if PAC					
Joseph Carleton						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5126 Cavalier Drive			03	29	11	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Hilliard	O | H	43026	Check			
Full Name of Contributor	Registration Number, if PAC					
Fritz Crosier						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
541 Sharar Field Drive			03	29	11	35.00
City	State	Zip Code	Form(Cash,Check,etc)			
Blacklick	O | H	43004	Check			
Full Name of Contributor	Registration Number, if PAC					
Richard Cummins						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5583 Villa Gates Drive			03	29	11	35.00
City	State	Zip Code	Form(Cash,Check,etc)			
Hilliard	O | H	43026	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 $ 340.00