

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 Kevin Grathwol				Registration Number, if PAC	
Street Address 1229 Briarshore Way		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Lewis Certer	State O H	Zip Code 43035		Form(Cash,Check,etc) Check	
Full Name of Contributor Debbie Guzzo				Registration Number, if PAC	
Street Address 1821 Lake Shore Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43204		Form(Cash,Check,etc) Check	
Full Name of Contributor M-E Companies PAC				Registration Number, if PAC PAC # 000378752	
Street Address 635 Brooksedge Blvd		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Westerville	State O H	Zip Code 43081		Form(Cash,Check,etc) Check	
Full Name of Contributor Bill Heffner				Registration Number, if PAC	
Street Address 104 Buttles Avenue		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Ed Herrick				Registration Number, if PAC	
Street Address 6012 Linworth Road		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Worthington	State O H	Zip Code 43085		Form(Cash,Check,etc) Check	
Full Name of Contributor Bruce Higginbotham				Registration Number, if PAC	
Street Address 6026 Coventry Bend Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Hilliard	State O H	Zip Code 43026		Form(Cash,Check,etc) Check	
Full Name of Contributor Larry Ivory				Registration Number, if PAC	
Street Address 7745 Cedar Ridge Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 100.00
City Pickerington	State O H	Zip Code 43147		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

Total expenditures this event

Page Total \$ 600.00