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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of Cornell Robertson			1.5		. '00.	
Full Name of Contributor			Registrat	tion Num	ber, if PA	C
Manoj Sethi	le i o					n (0.1.0)
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
7674 Johntimm Court	- C	Te: c 1	1	Г Б	I	Check
City D. L. C.	State O H	Zip Code 43017	$\begin{bmatrix} M \\ O \end{bmatrix}$	D	Y 1 1 1 1	Amount
Dublin Full Name of Contributor	OH	43017	0 2	1 6	$1 \mid 1$	200.00
Contributions from form No.31-E			Registrat	uon wum	iber, ir i 73	
Street Address	Employer/Occupation/Labor Organization* Form (Cash. Check. etc.)					
Spect Address	Employer/Occupation/Labor Organization* Form (Cash. Check. etc.)					
City	State	Zip Code	М	D	Y	Amount
City		Trip Cour	0 3	Ι.	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$	7,800.00
Full Name of Contributor						
Full Name of Contributor Contributions from form No. 31-E						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash. Check. etc.)
		-				
City	State	Zip Code	М	D	Y	Amount
·			013	219	111	3,030.00
Full Name of Contributor	'				ber, if PA	
Citizens for Stephanie Kunze						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash. Check, etc.)
5307 Franklin Street						Check
City	State	Zip Code	М	D	Y	Amount
Hilliard	$O \mid H$	43026	0 4	0 3	1 1	100.00
Full Name of Contributor Registration Number. if PAC						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash. Check, etc.)
		T			r	
City	State	Zip Code	M	D	Y	Amount
			- In	<u> </u>	1 205.	
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization* Form (Cash. Check, etc.)					
Street Address	EmployenOccu	pation rabos Organization				Total (Casil Check, etc.)
City	State	Zip Code	М	D	Y	Amount
ony.	1	Zap Code	"	<u> </u>		· mount
Full Name of Contributor			Registra	tion Num	ber. if РА	\C
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zîp Code	М	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 appear. [R.C. 3517.10(B)(4)]

Page Total S	11,130.00