

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|   |                       |   |                   |                   |  |                         |  |
|---|-----------------------|---|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full<br><b>Friends of Cornell Robertson</b>    |                       |   |                   |                   |  |                         |  |
| Full Name of Contributor<br><b>Manoj Sethi</b>                      |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>7674 Johntimm Court</b>                        |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Dublin</b>   | State<br><b>O   H</b> | Zip Code<br><b>43017</b>                | M<br><b>0   2</b> | D<br><b>1   6</b> | Y<br><b>1   1</b>                        | Amount<br><b>200.00</b> |  |
| Full Name of Contributor<br><b>Contributions from form No.31-E</b>  |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address  |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)                 |                         |  |
| City  | State                 | Zip Code                                | M                 | D                 | Y  | Amount                  |  |
|   |                       |   | <b>0   3</b>      | <b>0   1</b>      | <b>1   1</b>                             | <b>7,800.00</b>         |  |
| Full Name of Contributor<br><b>Contributions from form No. 31-E</b> |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address  |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)                 |                         |  |
| City  | State                 | Zip Code                                | M                 | D                 | Y  | Amount                  |  |
|   |                       |   | <b>0   3</b>      | <b>2   9</b>      | <b>1   1</b>                             | <b>3,030.00</b>         |  |
| Full Name of Contributor<br><b>Citizens for Stephanie Kunze</b>     |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>5307 Franklin Street</b>                       |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Hilliard</b>   | State<br><b>O   H</b> | Zip Code<br><b>43026</b>                | M<br><b>0   4</b> | D<br><b>0   3</b> | Y<br><b>1   1</b>                        | Amount<br><b>100.00</b> |  |
| Full Name of Contributor  |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address  |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)                 |                         |  |
| City  | State                 | 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                 | 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                 | 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 11,130.00