

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Cornell Robertson</b>					
Full Name of Contributor <b>Bob DeStefano</b>				Registration Number, if PAC	
Street Address <b>1611 Slade Ave.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   2   9   1   1</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Warren Diehl</b>				Registration Number, if PAC	
Street Address <b>6891 Erie Court</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   2   9   1   1</b>	Amount <b>100.00</b>
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Val Eskin</b>				Registration Number, if PAC	
Street Address <b>580 Faith Ann Drive</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   2   9   1   1</b>	Amount <b>100.00</b>
City <b>Pataskala</b>	State <b>O   H</b>	Zip Code <b>43062</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Greg Evans</b>				Registration Number, if PAC	
Street Address <b>5654 Davidson Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   2   9   1   1</b>	Amount <b>50.00</b>
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Woody Fox</b>				Registration Number, if PAC	
Street Address <b>233 North Bend Drive</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   2   9   1   1</b>	Amount <b>200.00</b>
City <b>Pataskala</b>	State <b>O   H</b>	Zip Code <b>43026</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>John Gallagher</b>				Registration Number, if PAC	
Street Address <b>7225 Lorine Court</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   2   9   1   1</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Phil Gariety</b>				Registration Number, if PAC	
Street Address <b>7233 Waterloo Road NW</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   2   9   1   1</b>	Amount <b>50.00</b>
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>		Form(Cash,Check,etc) <b>Check</b>	

\* 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