

# 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>Glenn Alban</b>				Registration Number, if PAC	
Street Address <b>2400 Mac Court</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   1   1</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Mike Bashore</b>				Registration Number, if PAC	
Street Address <b>2631 Lynmore</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   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>David Becker</b>				Registration Number, if PAC	
Street Address <b>8203 Shannon Glen Blvd</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   1   1</b>	Amount <b>50.00</b>
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43016</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Joseph Bolzenius</b>				Registration Number, if PAC	
Street Address <b>2400 Pearson Way</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   1   1</b>	Amount <b>75.00</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>Ronald Bonnette</b>				Registration Number, if PAC	
Street Address <b>5922 Parkglenn Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   1   1</b>	Amount <b>50.00</b>
City <b>Galloway</b>	State <b>O   H</b>	Zip Code <b>43119</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Bernard Bouman</b>				Registration Number, if PAC	
Street Address <b>1007 Weather Vane Way</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   1   1</b>	Amount <b>50.00</b>
City <b>Plain City</b>	State <b>O   H</b>	Zip Code <b>43064</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>John Bryner</b>				Registration Number, if PAC	
Street Address <b>5418 Richlanne Drive</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   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>	

\* 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 \$ 425.00