Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Cornell Robertson								
Full Name of Contributor				Registrati	on Numt	er, if PA	C	
George J. Sicaras								
Street Address	Employer	/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
4035 West Henderson Road							Check	
City	Sta	te	Zip Code	M	D	Y	Amount	
Columbus	O	Н	43220	1 2	0 9	1 5		500.00
Full Name of Contributor				Registrati	ion Numt	er, if PA	C	
George A. Skestos								
Street Address	Employer	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)
31 South Columbia Avenue							Check	
City	Sta	te	Zip Code	M	D	Y	Amount	
Bexley	0	H	43209	1 2	1 6	1 5		500.00
Full Name of Contributor				Registrati	ion Numt	er, if PA	.c	
Mohammed O. Haque								
Street Address	Employer	/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
162 Bentridge Drive							Money (Order
City	Sta	te	Zip Code	M	D	Y	Amount	
Springboro	0	H	45066	1 2	2 8	1 5		250.00
Full Name of Contributor				Registrat	ion Numb	er, if PA	.C	
Street Address	Employer	/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
City	Sta	te	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registrat	ion Numl	er, if PA	.C	
Street Address	Employe	/Оссир	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
					_			
City	Sta	ite	Zip Code	М	D	Y	Amount	·
				T .				
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employe	r/Occup	ation/Labor Organization*			•	Form (Cash, Ch	eck, etc.)
City	Sta	ite	Zip Code	М	D	Y	Amount	
				In .		100		
Full Name of Contributor				Registrat	ton Numi	ber, if PA	iC .	
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Street Address	Employe	г/Оссир	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
<u>.</u>	£.		W . C. 1.	M	Б	Y	A m aunt	
City	Sta	ite	Zip Code	М	D	ĭ	Amount	
F.H.M				Degistent	ion Numi	her if DA		
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck. etc)
Street Address		employer/Occupation/Labor Organization*					com (cam, ca	,
City	Sta	nte.	Zip Code	М	D	Y	Amount	
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^{*} 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)]