

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Cornell Robertson				
Full Name of Contributor Tim Lucks			Registration Number, if PAC	
Street Address 1488 Ardwick Road	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Upper Arlington	State O H	Zip Code 43220	Form (Cash, Check, etc) Check	
Full Name of Contributor Clark Rausch			Registration Number, if PAC	
Street Address 2240 Summit View Road	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 40.00
City Powell	State O H	Zip Code 43065	Form (Cash, Check, etc) Cash	
Full Name of Contributor Scott Roe			Registration Number, if PAC	
Street Address 5764 County House Lane	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 25.00
City Dublin	State O H	Zip Code 43017	Form (Cash, Check, etc) Check	
Full Name of Contributor Don Shepard			Registration Number, if PAC	
Street Address 143 Wallsend Court	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Powell	State O H	Zip Code 43065	Form (Cash, Check, etc) Check	
Full Name of Contributor George Sicaras			Registration Number, if PAC	
Street Address 2988 North High Street	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43202	Form (Cash, Check, etc) Check	
Full Name of Contributor William Stilson			Registration Number, if PAC	
Street Address 355 East Campus View Blvd.	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 250.00
City Columbus	State O H	Zip Code 43235	Form (Cash, Check, etc) Check	
Full Name of Contributor Jaime Tickle			Registration Number, if PAC	
Street Address 3390 Marshrun Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 1 7 1 1	Amount 200.00
City Grove City	State O H	Zip Code 43123	Form (Cash, Check, etc) Check	

* 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 \$ 665.00