31-E
R.C. 3517.10(B)

Event Date 3/1/11
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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			Registration Number, if PAC				
Steve Buskirk							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
6594 Hemmingford Drive			03	01	11	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Canal Winchester	OH	43110	Cash				
Full Name of Contributor			Registration Number, if PAC				
Kevin Carpenter							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2725 Lymington			03	01	11	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43220	Check				
Full Name of Contributor			Registration Number, if PAC				
Matt Casey							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
4393 Greensbury			03	01	11	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
New Albany	OH	43054	Check				
Full Name of Contributor			Registration Number, if PAC				
Rick Chaffin							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2040 Alum Creek Drive			03	01	11	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43207	Cash				
Full Name of Contributor			Registration Number, if PAC				
Mike Corbitt							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5391 Summer Ridge Lane			03	01	11	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Galena	OH	43021	Check				
Full Name of Contributor			Registration Number, if PAC				
Ralph Crabb							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
7619 Spring Garden Lane			03	01	11	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Powell	OH	43065	Check				
Full Name of Contributor			Registration Number, if PAC				
Susan Daniels							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5664 Jennybrook Lane			03	01	11	75.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Hilliard	OH	43206	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 $ 375.00