

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 Kristopher Ruggles			Registration Number, if PAC	
Street Address 1624 Goose Creek Road	Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Wheelersburg	State O H	Zip Code 45694	Form (Cash, Check, etc) Check	
Full Name of Contributor Paul Scala			Registration Number, if PAC	
Street Address 4501 Shaw Road Ext.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 500.00
City Akron	State O H	Zip Code 44333	Form (Cash, Check, etc) Check	
Full Name of Contributor William Scala			Registration Number, if PAC	
Street Address 700 Home Ave.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 500.00
City Akron	State O H	Zip Code 44310	Form (Cash, Check, etc) Check	
Full Name of Contributor Andrew Schneider			Registration Number, if PAC	
Street Address 3701 Carnforth Drive	Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43221	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 3 0 1 1 1	Amount 100.00
City Powell	State O H	Zip Code 43065	Form (Cash, Check, etc) Check	
Full Name of Contributor Mark Sherman			Registration Number, if PAC	
Street Address 1111 Belle Meade Place	Employer/Occupation/Labor Organization*		M D Y 0 3 0 1 1 1	Amount 50.00
City Westerville	State O H	Zip Code 43081	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 3 0 1 1 1	Amount 200.00
City Columbus	State O H	Zip Code 43202	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 \$ 1,450.00