

# 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>Matt Ferris</b>			Registration Number, if PAC	
Street Address <b>2036 Berkshire Road</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   1   1</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Rick Foill</b>			Registration Number, if PAC	
Street Address <b>175 Vallery Road</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   1   1</b>	Amount <b>250.00</b>
City <b>Waverv</b>	State <b>O   H</b>	Zip Code <b>45690</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Brad Foster</b>			Registration Number, if PAC	
Street Address <b>7142 Donnybrook Drive</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>43017</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Adam Fowler</b>			Registration Number, if PAC	
Street Address <b>6685 Schreiner Road</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   1   1</b>	Amount <b>50.00</b>
City <b>Worthington</b>	State <b>O   H</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>James Garrison</b>			Registration Number, if PAC	
Street Address <b>5290 Locust Hill Lane</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>43017</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Walid Gemayel</b>			Registration Number, if PAC	
Street Address <b>2550 Cowall 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>	
Full Name of Contributor <b>Don Glosser</b>			Registration Number, if PAC	
Street Address <b>6238 Co. Road 102</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   0   1   1   1</b>	Amount <b>50.00</b>
City <b>Mt. Gilead</b>	State <b>O   H</b>	Zip Code <b>43338</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 \$ 750.00