31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Committee to Elect Tim Roberts													
Full Name of Contributor											Registration Number, if PAC		
Elaine M. Mokrzan													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
4536 Braithway Street												Check	
City	State	Zip Code	M		D		Y					Amount	
Hilliard	O | H	43026	1	0	1	3	1	1				75.00	
Full Name of Contributor											Registration Number, if PAC		
Deborah A. Hurley													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
5846 Houchard Rd.												Check	
City	State	Zip Code	M		D		Y					Amount	
Dublin	O | H	43016	1	0	1	3	1	1				75.00	
Full Name of Contributor											Registration Number, if PAC		
Christine E. Mazer													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
3362 Harbor Bay Drive												Check	
City	State	Zip Code	M		D		Y					Amount	
Columbus	O | H	43221	1	0	1	3	1	1				75.00	
Full Name of Contributor											Registration Number, if PAC		
Karla Jones													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
4817 Canterwood Court												Check	
City	State	Zip Code	M		D		Y					Amount	
Hilliard	O | H	43026	1	0	1	3	1	1				75.00	
Full Name of Contributor											Registration Number, if PAC		
Edward J. Becker													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
4569 Braithway Street												Check	
City	State	Zip Code	M		D		Y					Amount	
Hilliard	O | H	43026	1	0	1	3	1	1				75.00	
Full Name of Contributor											Registration Number, if PAC		
Jan G. Maragos													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
4733 Glanstonbury Drive												Check	
City	State	Zip Code	M		D		Y					Amount	
Hilliard	O | H	43026	1	0	1	3	1	1				75.00	
Full Name of Contributor											Registration Number, if PAC		
Tracy L. Barraco													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
4539 Braithway Street												Check	
City	State	Zip Code	M		D		Y					Amount	
Hilliard	O | H	43026	1	0	1	3	1	1				75.00	
Full Name of Contributor											Registration Number, if PAC		
Carol S. Roberts													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
5187 Bigelow Drive												Check	
City	State	Zip Code	M		D		Y					Amount	
Hilliard	O | H	43026	1	0	1	3	1	1				75.00	

* Required for contributions over $100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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)

Page Total $ 600.00