31-A
R.C. 3517.10

Page	1	

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

N. C. C. F.D.			<u> </u>				1
Name of Committee in Full			į				
Committee to Elect Tim Roberts				بعرض ال	ation Numb	Jana⊄ Jana⊄	
Full Name of Contributor				vehva	acion Munic	EI, II FAC	
James D. Ford Agency Street Address	Frank-vario	matinal 1 at -	n Originalization				Form (Cash, Check, etc.)
	Employer/Occ	nharioiMT400	r Organization 				
4130 Main St.		Ter c	<u>i</u>	T sei	1 61	1 171	Check
City	State	Zip Coo	1	M	D	Y	Amount
Hilliard	1 0	1   43	026	1 (			50.00
Full Name of Contributor			i	Registr	ation Numl	oer, it PAC	
Rita E. Tholt			<u> </u>				
Street Address	Employer/Occ	upation/Labo	r Organization				Form (Cash, Check, etc.)
4227 Goldenseal Way			· 			,-···	Check
City	State	Zno Coo		М	D	Y	Amount
Hilliard	0   1	1 43	026		) 2 4		75.00
Full Name of Contributor				Registr	ation Numb	er, it PAC	
			<u>;                                    </u>				
Street Address	Employer/Occ	upation/Labo	r Organization				Form (Cash, Check, etc.)
City	State	Zip Co	de	М	D	Y	Amount
			İ				1
Full Name of Contributor	<del>. ' '</del>	<u> </u>	1	Registr	ation Num	ber, it PAC	
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
		-					
City	State	Zip Co	de :	M	Di	Y	Amount
uny .					[		
Full Name of Contributor		L	1	Renistr	ation Num	l I her if P∆ ∩	
The trans of Controlog			;	1.09,50	21 0111	,	
Street Address Employer/Occupation/Labor Organization Form (Cash, Ch						Form (Cash, Check, etc.)	
Street Address	Embloher. Occubations reason. Ordanisation			POTITICANI, CIRCK, BIC.)			
Cu.	State	<b>2</b> тр Со	1 do.	M	DI	Y	Amount
Сіту	1 214(e	Lap co	uc	141	"	'	ZAMOUIK
			<del></del>	P = = +	antian Maria	 	1
Full Name of Contributor Registration Number, it PAC							
Street Address	Limployer/Occ	rupation/Lab	or Organization				Form (Cash, Check, etc.)
		1200		130	1 87	1 ***	<u> </u>
City	State	Zip Co	ede"	M	D	Y	Amount
							<u> </u>
Full Name of Contributor				Regist	ration Num	ber, it PAC	•
			i				
Street Address	Employer/Oct	cupation/Lab	or Organization				Form (Cash, Check, etc.)
1			·				
City	State	Zip Co	ode	М	D	Y	Amount
			;				<u> </u>
Full Name of Contributor			· ·	Regist	ration Num	ber it PAC	
Street Address	Employer/Oc	cupation/Lab	or Organization				Form (Cash, Check, etc.)
			1				
City	State	Zip Co	ode	M	DI	Y	Amount
	I	-, 5					
* Required for contributions over \$100 to statewide and general assembly cand	idates If contributor	is selfrennolo	ued occuration rather the	m employer	should be l	isted.	<u>. 1</u>

\* Required for contributions over \$100 to statewide and general assembly candidates. It 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, it any, must

appear. R.C. 3517.10(B)(4)

Page Total \$ \_\_\_\_\_125.00