

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 Committee to Elect Donald Schonhardt						Registration Number, if PAC			
Street Address 5307 Franklin Street			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Hilliard		State O H		Zip Code 43026		M D Y 0 1 1		Amount 5,452.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M D Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M D Y		Amount	
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City		State		Zip Code		M D Y		Amount	

* 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 \$ 5,452.00