Page <u>1</u>

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					
Committee to Elect Donald Schonhard	łt								
Street Address	Employer/Occup	ation/Labor Organization					Form (Cash, Check, etc.)		
5307 Franklin Street							Check		
City	State	Zip Code	М	D	Т	Y	Amount		
Hilliard	O H	43026	0	1 1	0	1 2			
ull Name of Contributor Registration Number, if PA							0,102.00		
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
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City	State	Zīp Code	M	D	\neg	Y	Ámount		
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Full Name of Contributor	Registration Number, if PAC					if PAC	<u></u>		
Street Address	Employer/Occup	ation/Labor Organization		_			Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	\neg	Ϋ́	Amount		
Full Name of Contributor			Registi	ration Nu	nber.	if PAC	<u> </u>		
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
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City	State	Zip Code	М	Di	$\neg \Gamma$	Y	Amount		
Full Name of Contributor Registration Number, if PAC						í PAC			
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D		ΥĮ	Amount		
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Full Name of Contributor	Registration Number of PAC								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
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City	State	Zrp Code	М	D	T	Y	Amount		
	<u> </u>		_		ı				
Full Name of Contributor Registration Number, if PAC						PAC			
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	T	Y	Amount		
D.P.V. (G. 1)									
Full Name of Contributor Registration Number: if PAC									
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
Ct.									
City	State	Zip Code	М	D	T.	Y	Amount		
XD 16									
* Required for contributions over \$100 to statewide and general assembly candidate	s. If contributor is sel	frompletted against the wathouth		1111	- 1				

Required for commutations 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