31-A
R.C. 3517.10

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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	
Arlene Sherer														
Street Address	Employer/Occupation/Labor Organization												Form (Cash, Check, etc.)	
4519 Braithway St.													Check	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	O H	43026	1	0	0	3	1	1					50.00	
Full Name of Contributor													Registration Number, if PAC	
Sarah W. Schroeder														
Street Address	Employer/Occupation/Labor Organization												Form (Cash, Check, etc.)	
3830 Braidwood Dr.													Check	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	O H	43026	1	0	0	1	1	1					25.00	
Full Name of Contributor													Registration Number, if PAC	
Paula Taylor Vasu														
Street Address	Employer/Occupation/Labor Organization												Form (Cash, Check, etc.)	
5522 Rubble Ln.													Check	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	O H	43026	1	0	0	2	1	1					75.00	
Full Name of Contributor													Registration Number, if PAC	
James E. Underwood														
Street Address	Employer/Occupation/Labor Organization												Form (Cash, Check, etc.)	
4140 Stargrass Ct.													Check	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	O H	43026	0	9	0	3	1	1					250.00	
Full Name of Contributor													Registration Number, if PAC	
Berlis Thornsberry														
Street Address	Employer/Occupation/Labor Organization												Form (Cash, Check, etc.)	
804 Celine Ct.													Check	
City	State	Zip Code	M		D		Y						Amount	
West Jefferson	O H	43162	0	9	0	4	1	1					100.00	
Full Name of Contributor													Registration Number, if PAC	
Clyde R. Siedle														
Street Address	Employer/Occupation/Labor Organization												Form (Cash, Check, etc.)	
4733 Clubpark Dr.													Check	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	O H	43026	0	9	0	8	1	1					250.00	
Full Name of Contributor													Registration Number, if PAC	
Pam Fox														
Street Address	Employer/Occupation/Labor Organization												Form (Cash, Check, etc.)	
2266 Collins Drive													Cash	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	O H	43026	1	0	1	3	1	1					80.00	
Full Name of Contributor													Registration Number, if PAC	
Nelson Sanford														
Street Address	Employer/Occupation/Labor Organization												Form (Cash, Check, etc.)	
4646 Cutwater Ln.													Cash	
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 $ 905.00