

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 Ohio Association of Professional Fire Fighters						Registration Number, if PAC			
Street Address 140 E. Town Street, Suite # 1225			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43215		M D Y 1 0 1 3 1 1		Amount 600.00	
Full Name of Contributor Justin R. Waples						Registration Number, if PAC			
Street Address 5174 Heriage Ln.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Hilliard		State O H		Zip Code 43026		M D Y 1 0 0 7 1 1		Amount 100.00	
Full Name of Contributor Laura A. Roberts						Registration Number, if PAC			
Street Address 3671 Wenwood Drive			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Hilliard		State O H		Zip Code 43026		M D Y 1 0 1 5 1 1		Amount 75.00	
Full Name of Contributor Nathan D. Painter						Registration Number, if PAC			
Street Address 6188 Pollard Place Drive			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Hilliard		State O H		Zip Code 43026		M D Y 1 0 1 3 1 1		Amount 125.00	
Full Name of Contributor Gerald L. Edwards						Registration Number, if PAC			
Street Address 1680 Andover Road			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Upper Arlington		State O H		Zip Code 43212		M D Y 1 0 1 3 1 1		Amount 150.00	
Full Name of Contributor CMS Investments LLC						Registration Number, if PAC			
Street Address 4432 Hansen Drive			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Hilliard		State O H		Zip Code 43026		M D Y 1 0 1 3 1 1		Amount 100.00	
Full Name of Contributor Friends of Cornell Robertson						Registration Number, if PAC			
Street Address 5434 Schatz Ln.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Hilliard		State O H		Zip Code 43026		M D Y 1 0 1 3 1 1		Amount 100.00	
Full Name of Contributor Phillip K. Strawser						Registration Number, if PAC			
Street Address 2051 Winding Hollow Drive			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Grove City		State O H		Zip Code 43123		M D Y 1 0 1 3 1 1		Amount 100.00	

* 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 \$ 1,350.00