7

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full	<u> </u>				
Committee to Elect Tim Roberts					
Full Name of Contributor	<u></u>		D. Carrent V. J. vo.	A'G	
Michelle Underwood			Registration Number, if P	ac .	
Street Address	Employerifican	pation/Labor Organization		Form (Co.A. Charles to)	
4140 Stargrass Ct.	I Employer roccul	Janoni Edoor Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	TWI TO THE	Cash	
Hilliard	OTH		M D Y	Amount	
Full Name of Contributor		43020		1 80.00	
_ Gerald L. Edwards			Registration Number, it F	ac j	
Street Address	Employer/Occur	oation/Labor Organization	_	Form (Cash, Check, etc.)	
1680 Andover Road	,			Check	
City.	State	Zip Code	M D Y	Amount	
_ Upper Arlington	OIH	į.	0 8 2 5 1	1 100.00	
Full Name of Contributor	<u> </u>	40212	Registration Number, if PA		
			3-10-10-10-10-10-10-10-10-10-10-10-10-10-		
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
	l t				
Full Name of Contributor	_		Registration Number if PA	AC	
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
Full Name of Contributor			Registration Number if P.	AC .	
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)	
City	State	Zīp Code	M D Y	Amount	
Full Name of Contributor			Registration Number, if PA	ıC	
Street Address	Employer/Uccup	ation/Labor Organization		Form (Cash, Check, etc.)	
City		- In		<u></u>	
ary	State	Zip Code	M D Y	Amount	
Full Name of Contributor		<u> </u>			
Pull reduce of Could look of			Registration Number, if PA	ıC	
Street Address	Ir 110				
Juen Addiess	Employerruccup	ation/Labor Organization		Form (Cash, Check, etc.)	
City	State	17: C.1.	10 15 15		
ON THE STATE OF TH	state	Zip Code	M D Y	Amount	
Full Name of Contributor					
2 di 2 di 10 di Controdot			Registration Number, if PA	.U	
Street Address	Employer/Occupation/Labor Organization			Form (Co.A. Ch. 1. C.	
	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
		1-2-0000		Anount	
* Required for contributions over \$100 to statewide and general assembly ca	m did star. If controllutors is se	1 	1 11 11 1		

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 \$ ______ 180.00