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		1						
Committee to Elect Tim Roberts								
Full Name of Contributor		<del></del>		Regist	ration	ı Numbe	r.if PA	C
Tim Roberts								
Street Address	Employer/Occu	pation/Labor Organi	ization					Form (Cash, Check, etc.)
4548 Braithway Street		Ì						Check
City	State	Zip Code		M		D	Y	Amount
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Full Name of Contributor			-	Registo	cation	ı Numbe	r, if PA	
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Street Address	Employer/Occuj	pation/Labor Organi:	zation					Form (Cash, Check, etc.)
City	State	Zip Code		M		D	Y	Amount
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* Remirred for contributions over \$100 to statewide and general assembly condida	T( T	1( 1 1	77 19 19	_	1 1	11 11 1	7	

\* 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 \$\_\_\_\_\_10.00