

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 Tim Roberts						Registration Number, if PAC			
Street Address 4548 Braithway Street				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M 0		D 2	
						Y 0		Amount 10.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
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Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
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City		State		Zip Code		M		D	
						Y		Amount	

* 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