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**	
Mary E. Seidle					
Street Address	**Employer/Occupation/Labor Organization**				**Form (Cash, Check, etc.)**
4733 Clubpark Drive					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 13 11		100.00
Full Name of Contributor				**Registration Number, if PAC**	
Pamela K. Chilovich					
Street Address	**Employer/Occupation/Labor Organization**				**Form (Cash, Check, etc.)**
1582 Raspberry Court					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43204	10 13 11		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Lisa M. Sigillo					
Street Address	**Employer/Occupation/Labor Organization**				**Form (Cash, Check, etc.)**
4774 Riverwood Drive					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 13 11		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Mark G. Brandts					
Street Address	**Employer/Occupation/Labor Organization**				**Form (Cash, Check, etc.)**
4907 Brixston Drive					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 13 11		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Thomas S. Baker					
Street Address	**Employer/Occupation/Labor Organization**				**Form (Cash, Check, etc.)**
4893 Brixston Drive					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 13 11		75.00
Full Name of Contributor				**Registration Number, if PAC**	
David H. Parsley					
Street Address	**Employer/Occupation/Labor Organization**				**Form (Cash, Check, etc.)**
4702 Hoffman Farms Drive					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 13 11		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Lisa A. Dickey					
Street Address	**Employer/Occupation/Labor Organization**				**Form (Cash, Check, etc.)**
4334 Heather Ridge					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 13 11		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Lisa G. Martin					
Street Address	**Employer/Occupation/Labor Organization**				**Form (Cash, Check, etc.)**
5498 Taylor Lane Ave.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 13 11		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 $ 625.00