

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 Gene P. Singleton					Registration Number, if PAC		
Street Address 3682 E. Links Circle		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor Angelo J. Forte					Registration Number, if PAC		
Street Address 3236 Summertime Ct.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor Citizens for Stephanie Kunze					Registration Number, if PAC		
Street Address 5307 Franklin St.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Patricia A. Smith					Registration Number, if PAC		
Street Address 5308 Bay Meadows Ct.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Stephen D. Russell					Registration Number, if PAC		
Street Address 10276 Mitchell Dewitt Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Plain City	State O H	Zip Code 43064	M 1	D 0	Y 1	Amount 200.00	
Full Name of Contributor Rice Family Revocable Trust					Registration Number, if PAC		
Street Address 3396 Braidwood Dr.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor Amy Hiller					Registration Number, if PAC		
Street Address 5052 Highland Meadows Dr.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor Michelle L. Weadock					Registration Number, if PAC		
Street Address 4561 Hilliard Run Dr.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 1	Amount 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 \$ 550.00