31-A R.C. 3517,10

Statement of Contributions Received

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	Prescribed by Secr	etary of State 03/05	RECE	$\{ \{ \forall \} \}$	- [j		
Name of Committee in Full The Committee For Perry Township		Į.			•	9	
Full Name of Contributor	-		L JAN 30 Registra				
Robert I. Pendleton			FRANKLI	N CO	UNTY	Form (Cash, Check, etc.)	
Street Address	Employer/Occi	Form (Cash, Check, etc.)					
5611 Newington Dr.	Perry To	wnsnip, Lieutenant				CASH	
City Hilliard,	State OH	Zip Code 43026	1 1	D 8	1 3	Amouni \$5.00	
Full Name of Contributor			Registra	ation Nun	ber, if P	AC .	
Street Address	Employen/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)	
or.		la: o :		T -			
City	OH	Zip Code	M _.	D	Y	Атоши	
Full Name of Contributor	Registration Number, if PAC						
Street Address	Employ er/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Yı	Amount	
	OH		1		'		
Full Name of Contributor	Registration Number, if				nber, if P/	AC	
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	ation Nun	nber, if P	AC	
Street Address	Employer/Occ	reupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	М	ā	ΤŸ	Amount	
Cny	OH	7.1p Code			'	, anoun	
Full Name of Contributor	Registration Number, if PAC						
Street Address	Employer/Occ	ployer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occ	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M _i	D _I	Y	Amount	
Full Name of Contributor	1 011		Registr	ation Nur	nber, if Pa	AC	
Street Address	Finalos ser Cos	cupation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
	Limpioyenocc	Apparote accor Organization					
City	State OH	Zip Code	M	D	Y	Amount	
			,	•	•		

Page Total \$5.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also appear. [R.C. 3517.10(B)(4)]