3	1-	Α		
R	C	351	7	10

Page 1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

The Committee For Perry Town			Danistati	on Numb	ser it Pa	M.
Name of Contributor			Registrati	on Man	, ii 17	
	IFIn-vertOppup	ation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)
et Address		ownship, Office				Check
7157 Bolton Priory Dr.	State	Zip Code	T M	D	Y	Amount
	1	43054	0 6	2/9	1 5	50.0
New Albany	0 H	45054	Registrat			
Name of Contributor						
a. A. debagan	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
et Address						
,	State	Zip Code	M	D	Y	Amount
,	1					<u> </u>
Name of Contributor			Registra	ion Num	iber, if P.	AC
						Form (Cash, Check, etc.)
eet Address	Employer/Occupation/Labor Organization*		n*		Toffii (Gassi, Garris, 1997)	
	State	Zip Code	M	D	Y	Amount
y	State	Zip Code	1 1	1	1	\
			Registra	tion Nur	nber, if F	PAC
Name of Contributor						
	Employer/Occi	pation/Labor Organizatio	13*			Form (Cash, Check, etc.)
eet Address	Employee					
	State	Zip Code	М	D	Y	Amount
ty	1		1		1	
CO. Albarra			Registra	ation Nu	mber, if	PAC
ll Name of Contributor			<u> </u>			
reet Address	Employer/Occ	upation/Labor Organization	on*			Form (Cash, Check, etc.)
Icel Vagaess						
	State	Zip Code	М	D	I Y	Amount
ity	1			<u> </u>		
ıll Name of Contributor			Registr	ation Nu	ımber, if	PAC
••••						Form (Cash, Check, etc.)
treet Address	Employer/Occ	cupation/Labor Organizati	on*			romi (Casit, Check, etc.)
			Тм	D	Y	Amount
ity	State	Zip Code	I IVI	li	1	Amount
			Paulat	ration N	umber, if	
ull Name of Contributor	 -		Regist	ianon in	umoer, n	inc
	1,2 1 (2)	cupation/Labor Organizat	ion*			Form (Cash, Check, etc.)
street Address	Employer/Oc	cupation/Labor Organizar	1011			•
	State	Zip Code	M	Ð	Y	Amount
City	State	Zip code	1 1	1	1	
			Regis	tration N	lumber, i	FPAC
Full Name of Contributor						
	Employer/Occupation/Labor Organizatio		on*			Form (Cash, Check, etc.
Street Address	2	· -				1

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	50.00_