Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				_					
The Committee For Perry Township									
Full Name of Contributor					Registration Number, if PAC				
Mark A. Rice	reg.					egistration Number, it FAC			
Street Address	Employer	/Occupa	ition/Labor Organization*				Form (Cash, Chec	k. etc.)	
5755 Middletown Ln.	Perry Township, Police Officer						Cash		
City	Sta		Zip Code	М	l D	Ϋ́	Amount		
New Albany,	01	H	43054	1012	5	1 5		50.00	
Full Name of Contributor	<u> </u>		1000			ber, if PA		00.00	
Shawn P. Bean				`		•			
Street Address	Employer/Occupation/Labor Organization*					Fonn (Cash, Check, etc.)			
6489 Old Ironside Ln.	Perry Township, Police Officer					Cash			
City	Sta		Zip Code	М	D	Y	Amount		
Delaware,	01	H	43015	01	115	1 5]	30.00	
Full Name of Contributor		-				ber, if PA		00.00	
Christopher R. Ruh									
Street Address	Employer	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k, etc.)	
18240 Whitestone Rd.	Perr	Perry Township, Police Officer					Cash		
City	Sta		Zip Code	M	D	Y	Amount		
Marysville,	01	Н	43040	0 1	1 5	1 5	ļ	20.00	
Full Name of Contributor	'		· · · · · · · · · · · · · · · · · · ·			ber, if PA			
John R. Thomas				•					
Street Address	Employer/Occupation/Labor Organization*						Fonn (Cash, Chec	k, etc.)	
781 Ferguson Avenue	Perr	Perry Township, Police Officer				Check			
City	Sta	te	Zip Code	М	D	Y	Amount		
Delaware,	0	H	43015	0 1	1 5	1 5		150.00	
Full Name of Contributor						ber, if PA	.c		
Edward W. Kontul									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
525 Township Rd. 208	Perr	Perry Township, Sergeant					Cash		
City	Sta		Zip Code	M	D	Y	Amount		
Marengo,	0	Н	43334	01	1 5	115	Ì	52.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	C	_	
Michael J. Conkle									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	k, etc.)	
7733 Lerner Dr.	Perry Township, Police Officer					Cash			
City	Sta		Zip Code	M	D	Y	Amount		
Blacklick,	0	H	43004	01	1 5	115		20.00	
Full Name of Contributor			···	Registra	tion Num	ber, if PA	С	-	
Emmanuel A. Munoz	<u>,</u>								
Street Address	Employer/Occupation/Labor Organization*			-	Form (Cash, Check, etc.)				
49 Trail Edge Circle	Perry Township, Police Officer			icer	Cash				
City	Stat		Zip Code	М	D	Y	Amount		
Powell,	0	Н	43065	0 1	1 5	1 5		35.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	c		
Frederick J. Howard									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
7917 Leaview Dr.		Perry Township, Sergeant				Check			
City	Stat		Zip Code	M	D	Y	Amount		
Columbus,	0	H	43235	0 1	1 5	1 5		100.00	

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

Page Total \$	457.00