

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee For Perry Township							
Full Name of Contributor Robert Oppenheimer					Registration Number, if PAC		
Street Address 811 Wackeman Ct.		Employer/Occupation/Labor Organization* Perry Township, Chief of Police			Form (Cash, Check, etc.) Check		
City Westerville,	State OH	Zip Code 43081	M 0	D 9	Y 1	Amount \$100.00	
Full Name of Contributor Michele & Richard Elliott					Registration Number, if PAC		
Street Address 2702 McVey Blvd. West		Employer/Occupation/Labor Organization* Perry Township, Fiscal Officer			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 0	D 9	Y 2	Amount \$200.00	
Full Name of Contributor Andrew & Jamie English					Registration Number, if PAC		
Street Address 1589 Newcomer Rd.		Employer/Occupation/Labor Organization* Perry Township, Vice Chairman of the Board of Trustee's			Form (Cash, Check, etc.) Check		
City Columbus,	State OH	Zip Code 43235	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor Richard & Jeannette Oxender					Registration Number, if PAC		
Street Address 1150 Clubview Blvd. N		Employer/Occupation/Labor Organization* Perry Township, Lobbyist			Form (Cash, Check, etc.) Check		
City Columbus, Ohio	State OH	Zip Code 43235	M 0	D 9	Y 2	Amount \$200.00	
Full Name of Contributor Robert Pendleton					Registration Number, if PAC		
Street Address 5611 Newington Dr.		Employer/Occupation/Labor Organization* Perry Township, Lieutenant			Form (Cash, Check, etc.) Cash		
City Hilliard	State OH	Zip Code 43026	M 0	D 9	Y 2	Amount \$5.00	
Full Name of Contributor Chet Chaney & Trisha Ugron					Registration Number, if PAC		
Street Address 7959 Fairway Dr.		Employer/Occupation/Labor Organization* Perry Township, Trustee			Form (Cash, Check, etc.) Check		
City Columbus,	State OH	Zip Code 43235	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/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/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	

* 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)]