Full Name of Committee						
Friends for Perr	' 5					
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Michael Perry						
Street Address Description of item or		or Service	Service		Fair Market Value	
2880 Snowberry Lh State State Ohro		anps	mps		\$55.00	
City	State	Zip Code	i ·		ng Event?	
Hilliard		<u>,</u>	Yes No			
Full Name of Contributor		Employer, Occup	ation, Labor Organization*	Registration Number,	if PAC	
Street Address	Description of Item	or Service	ervice		Fair Market Value	
City	State	State Zip Code		aising Event?		
			Yes No			
Full Name of Contributor		Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address Description of Item or		or Service	Service		Fair Market Value	
City State		Zip Code	Zip Code Received at Fundraising Event? Yes No			
Full Name of Contributor		Employer, Occup	Employer, Occupation, Labor Organization*		if PAC	
Street Address Description of Item		or Service	or Service		Fair Market Value	
City	State	Zip Code	Received at Fundrais	sing Event?		
			☐ Yes ☐ No			
Full Name of Contributor		Employer, Occup	Employer, Occupation, Labor Organization*		if PAC	
Street Address Description of Item or		or Service	Service		Fair Market Value	
City	State	Zip Code	Zip Code Received at Fundraising Event?		<u> </u>	
			☐ Yes ☐ No			
	<u></u>					

Page Total \$ 55 ~ 00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]