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## 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                              |  |              |                            | Dagietr   | day Mu          | nber, if PA              |                 |           |
| Robert L. Oppenheimer                                 |  |              |                            | Kegisiis  | ation Ismi      | noer, it PA              | AC.             |           |
| Street Address  | Employ   | er/Occup     | pation/Labor Organization* |           |                 |                          | Form (Cook Ch.  | ala ata \ |
| 811 Wackeman Ct.                                      | Perry Township, Chief of Police                                  |              |                            |           |                 | Form (Cash, Check, etc.) |                 |           |
| City  | State Zip Code M D Y   |              |                            |           |                 | Check<br>Amount          |                 |           |
| Westerville,  | 0  | H            | 43081                      | 1 1       | 1               | 1                        |                 | 100.00    |
| Full Name of Contributor                              | <u> </u>   | <del>'</del> | 1 10001                    |           |                 |                          |                 | 100.00    |
| Michael W. Bleas                                      |  |              |                            |           |                 |                          |                 |           |
| Street Address  | Employer/Occupation/Labor Organization*                          |              |                            |           | Form (Cash, Che | ock etc.)                |                 |           |
| 8354 Covered Wagon Ct.                                | Perry Township, Network Administrator                            |              |                            |           | ator            | Check                    | .cx, c.c.,      |           |
| City  |  | tate         | Zip Code                   | М         | D               | Y                        | Amount          |           |
| Powell,   | 0  | H            | 43065                      | 1   1     | 1 .             | 1 4                      |                 | 100.00    |
| Full Name of Contributor                              |  |              |                            |           |                 | ber, if PA               |                 | 100.00    |
| Lori S. Burger  |  |              |                            |           |                 | ,                        |                 |           |
| Street Address  | Employ   | er/Occup     | ation/Labor Organization*  | l         |                 |                          | Form (Cash, Che | ck etc.)  |
| 5346 Meadow Bend Dr.                                  | Per  | ту То        | wnship, Assistant          | to the    | Chie            | of                       | Check           |           |
| City  |  | tate         | Zip Code                   | М         | D               | Y                        | Amount          |           |
| Lewis Center,   | 0  | H            | 43035                      | 1   1     | 111             | 1 4                      |                 | 100.00    |
| Full Name of Contributor                              |  |              |                            |           |                 | ber, if PA               | c               | 100.00    |
| K. Steve Cesaro & Anthony W. Ashley                   |  |              |                            |           |                 | ,                        |                 |           |
| Street Address  | Employe  | er/Occup     | ation/Labor Organization*  |           |                 |                          | Form (Cash, Che | ck, etc.) |
| 1533 Rayne Lane                                       | Perry Township, Lieutenant & Sergeant                            |              |                            | nt        | Check           | ,,                       |                 |           |
| City  |  | ate          | Zip Code                   | M         | D               | Y                        | Amount          |           |
| Columbus,   | 0  | H            | 43220                      | 1   2     | 0 2             | 1 4                      |                 | 140.00    |
| Full Name of Contributor                              |  |              |                            |           |                 | ber, if PA               | C               | 110.00    |
| Robert I. Pendleton                                   |  |              |                            |           |                 |                          |                 |           |
| Street Address  | Employe  | r/Occup      | ation/Labor Organization*  |           |                 |                          | Form (Cash, Che | ck, etc.) |
| 5611 Newington Dr.                                    | Per  | ry To        | wnship, Lieutenan          | t         |                 |                          | Cash            |           |
| City  |  | ate          | Zip Code                   | M         | D               | Y                        | Amount          |           |
| Hilliard,   | 0  | H            | 43026                      | 1   2     | 0 3             | 1 4                      |                 | 50.00     |
| Full Name of Contributor                              |  |              |                            |           |                 | ber, if PA               | C .             |           |
| Charles W. Mills                                      |  |              |                            |           |                 |                          |                 |           |
| Street Address  |  |              | tion/Labor Organization*   |           |                 |                          | Form (Cash, Che | ck, etc.) |
| 100 Bay Laurel Dr.                                    | Perry Township, Police Detective                                 |              |                            |           | Cash            |                          |                 |           |
| City  | ι  | ate          | Zip Code                   | M         | D               | Y                        | Amount          |           |
| Marysville,   | 0  | <u>H</u>     | 43040                      | 1   2     | 0 4             | 1 4                      |                 | 40.00     |
| Full Name of Contributor                              |  |              |                            | Registrat | ion Numl        | per, if PA               | Ĉ               |           |
| Robert I. Pendleton                                   |  |              |                            |           |                 |                          |                 |           |
| Street Address  | Employer/Occupation/Labor Organization*                          |              |                            |           |                 | Form (Cash, Chee         | ck, etc.)       |           |
| 5611 Newington Dr.                                    | Perry Township   |              |                            |           | Ca <i>s</i> h   | }                        |                 |           |
| City  |  | ate          | Zip Code                   | М         | D               | Y                        | Amount          |           |
| Hilliard,   | 0  | Н            | 43026                      | 1   1     | 0 8             | 1 5                      |                 | 25.00     |
| Full Name of Contributor  Registration Number, if PAC |  |              |                            |           |                 |                          |                 |           |
| Mark A. Rice Street Address                           |  |              |                            |           |                 |                          |                 |           |
|   | Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) |              |                            |           | k, etc.)        |                          |                 |           |
| 5755 Middletown Ln.                                   | Perry Township, Police Officer Cash                              |              |                            |           |                 |                          |                 |           |
|   | Sta  |              | Zip Code                   | M         | D               | Y                        | Amount          |           |
| New Albany,   | <u>O</u>   | H            | 43054                      | 0 1       | 0 9             | 1 5                      |                 | 100.00    |

| Page Total | \$<br>655.00 |
|------------|--------------|
|            |              |

<sup>\*</sup> 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)]