

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 L. 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 6	Y 1	Amount \$30.00	
Full Name of Contributor Lori S. Burger					Registration Number, if PAC		
Street Address 5346 Meadow Bend Dr.		Employer/Occupation/Labor Organization* Perry Township, Assistant to the Chief			Form (Cash, Check, etc.) Check		
City Lewis Center	State OH	Zip Code 43035	M 0	D 6	Y 1	Amount \$30.00	
Full Name of Contributor Kenneth S. Cesaro					Registration Number, if PAC		
Street Address 1533 Rayne Lane		Employer/Occupation/Labor Organization* Perry Township, Lieutenant			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 0	D 6	Y 1	Amount \$30.00	
Full Name of Contributor Michael J. Conkle					Registration Number, if PAC		
Street Address 291 Haymarket Place		Employer/Occupation/Labor Organization* Perry Township, Police Officer			Form (Cash, Check, etc.) Cash		
City Gahanna	State OH	Zip Code 43230	M 0	D 6	Y 1	Amount \$30.00	
Full Name of Contributor Julia A. Brown					Registration Number, if PAC		
Street Address 1358 Hideaway Woods Dr.		Employer/Occupation/Labor Organization* Perry Township, Police Officer			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081	M 0	D 6	Y 1	Amount \$30.00	
Full Name of Contributor Robert I. 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 6	Y 3	Amount \$5.00	
Full Name of Contributor John R. Thomas					Registration Number, if PAC		
Street Address 781 Ferguson Avenue		Employer/Occupation/Labor Organization* Perry Township, Police Officer			Form (Cash, Check, etc.) Check		
City Delaware	State OH	Zip Code 43015	M 0	D 6	Y 3	Amount \$80.00	
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	

* 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)]