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R	r	3517	10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		- ·				
The Committee For Perry Town	<u>ship</u>					
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)
7157 Bolton Priory Dr.	Perry T	er			Check	
City	State	Zip Code	Тм	D	Y	Amount
New Albany	ОН	1 ³	016		1 5	
Full Name of Contributor	10111	43034			ber, if PA	
rui Name oi Communor			Кедзяга	non remn	iper, ir r A	C
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor			Registra	tion Num	ber, if PA	
Pull Name of Confloator			i i i i i i i i i i i i i i i i i i i	iton real	1001, 11 1 7	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor	<u> </u>	1	Registra	tion Num	iber, if PA	C
Street Address	[Employer/Occu	pation/Labor Organization	*			Form (Cash, Check, etc.)
Succe variess	Limployerrocce	pation Dator Organization	•			
City	State	Zip Code	М	D	Y	Amount
	1 1					
Full Name of Contributor			Registra	tion Num	iber, if PA	C
Street Address	Employer/Occupation/Labor Organization*		1.			Form (Cash, Check, etc.)
o'-	State	Zip Code	M	D	Y	Amount
City	1 31816	Zip code	1 ";		l i	7 Shouri
			D. day	1 1	 	<u> </u>
Full Name of Contributor Registration Number, if PAC						i.C
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
l ,	1 1		1 1	1		
Full Name of Contributor	<u> </u>		Registra	ation Nun	nber, if PA	AC .
Second Address	Employer/Occ	apation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)
Street Address	Employer/occi	panon cabor Organization	·			Tom (Casi, Circus, Cic.)
City	State	Zip Code	I M	D	Y	Amount
\		İ	1 1		1 1	
Full Name of Contributor Registration Number, if PAC					AC .	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
C*,	1		1 1	1	1	
		_L		<u> </u>	1 1	

* 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 fisted. 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)]

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Page Total	Š	50.00