

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee For Building A Stronger Perry Township							
Full Name of Contributor Frank Harmon					Registration Number, if PAC		
Street Address 4267 Clark Shaw Rd.		Employer/Occupation/Labor Organization* Ohio Insurance Agency			Form (Cash, Check, etc.) Money Order		
City Powell	State OH	Zip Code 43065	M 0	D 4	Y 2	Amount \$500.00	
Full Name of Contributor Donald F Brosius					Registration Number, if PAC		
Street Address 2481 Sherwood Road		Employer/Occupation/Labor Organization* Attorney at Law			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 0	D 4	Y 2	Amount \$500.00	
Full Name of Contributor Nicholas Z. Alexander					Registration Number, if PAC		
Street Address 7970 Greenside Lane		Employer/Occupation/Labor Organization* Attorney at Law/Retired			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 0	D 5	Y 2	Amount \$250.00	
Full Name of Contributor Chet Chaney					Registration Number, if PAC		
Street Address 7959 Fairway Drive		Employer/Occupation/Labor Organization* Perry Township Trustee			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 0	D 5	Y 2	Amount \$500.00	
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	
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)]

Page Total **\$1,750.00**