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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	* *						
The Committee For Perry Towns	inip		To :	tion Y	10 P	C	
Full Name of Contributor			Kegistra	uon Num	ber, if PA	C .	
James & Kimberly Roper			_L	***************************************	principal de la constantina della constantina de	Ir(C : : : : : : : : : : : : : : : : : : :	
Street Address	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1183 Circle on the Green	·····	ownship Trustee	1	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHECK	
City	State	Zip Code	M	D	Y	Amount	
Columbus,	0 H	43235	1 0			150.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Chet & Cathy Chaney				north seutentermannsterr	нама (Паравия воданий) вод		
Street Address	1 . " .	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
8220 Markhaven Dr.		Perry Township Trustee				CHECK	
City	State	Zip Code	М	D	Y	Amount	
Columbus,	O H	43235	1 0	· Constitution of the second	0 9	Consideration of the second section of the second s	
Full Name of Contributor			Registra	ition Num	ber, if PA	.C	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ation Num	iber, if PA	iC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
				ļ			
Full Name of Contributor			Registra	ation Num	iber, if PA	AC .	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Cit.	04-4-	Zip Code	М	D	ΙΥ	Amount	
City	State	EIP COUC			1	L. Mill	
Full Name of Contributor Registration Number, if P.						AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			PARAMETER PROPERTY.	Form (Cash, Check, etc.)	
						Children	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Nu					nber, if PA	AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			***************************************	Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
				<u> </u>			
Full Name of Contributor			Registr	ation Nun	nber, if PA	AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
				ببلسلب		none of the	

Page Total \$ 250.00

^{*} 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)]