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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						on-Blad controllers and one-controllers		
The Committee For Perry Township								
Full Name of Contributor			Registrat	ion Num	ber, if PA	C		
Michele Elliott								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2702 McVey Blvd West	Perry Township, Fiscal Officer					CHECK		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43235	0 9	2 4	019		200.00	
Full Name of Contributor	Ministration and the control of the		Registrat	ion Num	ber, if PA	С		
Bryan Shonkwiler								
Street Address	Employer/Occupation/Labor Organization* Form					Form (Cash, Chec	k, etc.)	
20700 London Rd.	Perry To	wnship Road Supe	rinter	ndent		CASH		
City	State	Zip Code	M	D	3	Amount	***************************************	
Circleville	OH	43113	0 9	2 5	019		200.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	С		
Robert L. Oppenheimer								
Street Address	Employer/Occupa	tion/Labor Organization*	Bozza a se	***************************************		Form (Cash, Chec	k, etc.)	
811 Wackeman Ct.	Perry To	wnship, Chief of P	olice			CHECK		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OH	43081	0 9	3 0	0 9		265.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	С		
Bob & Shirley Myers								
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
2450 Merbrook Rd.	Perry Township, Trustee					CHECK		
City		Zip Code	М	D	Y	Amount		
Columbus	OH	43235	1 0	0 5	0 9		150.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	C		
Robert L. Oppenheimer								
Street Address	Employer/Occupation/Labor Organization* Fo					Form (Cash, Check, etc.)		
811 Wackeman	Perry Township, Chief of P					CHECK		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OH	43081	1 0	0 7	0 9		35.00	
Full Name of Contributor	***************************************		Registrat	tion Num	ber, if PA	C	ritorianacionide principiani a completi protessa da la	
Lori S. Burger								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
5346 Meadow Bend Dr.	Perry To	wnship, Assistant	to the	Chie	f	CHECK		
City	1	Zip Code	M	D	Y	Amount		
Lewis Center	OH	43035	1 0	1 4	0 9		75.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA	С		
Robert L. Oppenheimer								
Street Address		tion/Labor Organization*				Form (Cash, Chec	k, etc.)	
811 Wackeman Ct.	Perry Township, Chief of Police CHECK							
City	State	Zip Code	М	D	Y	Amount		
Westerville	OH	43081	1 0	15	0 9		50.00	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
	Diff (Casi, Check, etc.)							
City	State	Zip Code	М	D	Y	Amount		
			**					

Page Total	\$ 975.00

^{*} 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)]