31	-A	
R C	3517	IΛ

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			•	-			
The Committee For Perry Township						_	
Full Name of Contributor				ion Numl	on Number, if PAC		
Brvan Shonkwieler							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
20700 London Rd.	Perry To	ownship				Check	
City	State	Zip Code	M	D	Ϋ́	Amount	
Circleville	OIH	43113	1018	118	1 4	50.00	
Full Name of Contributor				ion Num			
Robert L. Oppenheimer							
Street Address	Employer/Occup	ation/Labor Organization*		-		Form (Cash, Check, etc.)	
811 Wackeman Ct.	Perry To	wnship				Check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	$O \mid H$	43081	018	118	1 4	50,00	
Full Name of Contributor		10.003		tion Num			
Lori Burger							
Street Address	Employer/Occup.	ation/Labor Organization*				Form (Cash, Check, etc.)	
5346 Meadow Bend Dr.	Perry To				i	Check	
City	State	Zip Code	М	D	Y	Amount	
Lewis Center	O H	43035	1118	118	1 1 4	50.00	
Full Name of Contributor		±0050		tion Num			
Chet Chaney					,		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
8220 Markhaven Dr.	1 ' '	wnship, Vice Chairman			Check		
City	State	Zip Code	M	D	Υ	Amount	
I -	OH	43235		1/8		50.00	
Columbus Full Name of Contributor	1011	43233		tion Num			
			I Cognisii d	iton i voin			
Michele Elliott Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
	1	ownship Fiscal Off			Check		
2702 McVey Blvd West	State	Zip Code	M	D	Y	Amount	
l · ·	$O \mid H$	43235	1 .	1/8	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}_{4}$	50.00	
Columbus Full Name of Contributor		43233		tion Num			
run (vame of Contributor			Kegiana	arear redin	001,1171		
et Address Employer/Occupation/Labor Organization*					Form (Cash, Cheek, etc.)		
Street Address	Employen occup	andir capta (yighiination				(Casic Circuit, Cic.)	
City	State	Zip Code	T M	D	Y	Amount	
City	Jak	2.ip code	"		1	, , , , , , , , , , , , , , , , , , , ,	
Full Name of Contributor		<u> </u>	Eggistra	tion Num	her if DA		
run Name of Commontor		•	I CE SIL		cci, ii i i		
Street Address	IEmployae/()cour	erion# shor Organization#	<u> </u>			Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*				Tomi (Caan, Check, Cic.)		
C:	State	Zip Code	1 M	D	ΙY	Amount	
City	State	Zip Code	"	1	'	Antotak	
Full Manner of Council and		<u></u>	Ragistra	tion Num	ber if PA	C	
Full Name of Contributor			Kegiana	uon rum	1001, 11 17	ic .	
Street Address	Employer/Occupation/Labor Organization*			~~~	Form (Cash, Check, etc.)		
Succi Addiess	Employer/Occupation/Labor Organization				Casa, check, tie.)		
City	State	Zip Code	M	<u>d</u>	ΙY	Amount	
City	Jane	inp code		ľ	, i	, 3 m	
1	1	i	ــــــــــــــــــــــــــــــــــــــ			<u> </u>	

* 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)]

Page Total \$ 250.00