

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>The Committee For Perry Township</b>							
Full Name of Contributor <b>Bryan Shonkwiler</b>					Registration Number, if PAC		
Street Address <b>20700 London Rd.</b>		Employer/Occupation/Labor Organization* <b>Perry Township</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Circleville</b>	State <b>O   H</b>	Zip Code <b>43113</b>	M <b>0   8</b>	D <b>1   8</b>	Y <b>1   4</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Robert L. Oppenheimer</b>					Registration Number, if PAC		
Street Address <b>811 Wackeman Ct.</b>		Employer/Occupation/Labor Organization* <b>Perry Township</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43081</b>	M <b>0   8</b>	D <b>1   8</b>	Y <b>1   4</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Lori Burger</b>					Registration Number, if PAC		
Street Address <b>5346 Meadow Bend Dr.</b>		Employer/Occupation/Labor Organization* <b>Perry Township</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Lewis Center</b>	State <b>O   H</b>	Zip Code <b>43035</b>	M <b>1   8</b>	D <b>1   8</b>	Y <b>1   4</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Chet Chaney</b>					Registration Number, if PAC		
Street Address <b>8220 Markhaven Dr.</b>		Employer/Occupation/Labor Organization* <b>Perry Township, Vice Chairman</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>	M <b>0   8</b>	D <b>1   8</b>	Y <b>1   4</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Michele Elliott</b>					Registration Number, if PAC		
Street Address <b>2702 McVey Blvd West</b>		Employer/Occupation/Labor Organization* <b>Perry Township Fiscal Officer</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>	M <b>0   8</b>	D <b>1   8</b>	Y <b>1   4</b>	Amount <b>50.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 250.00