31-A	
R.C. 3517	10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	المامانية					
The Committee For Perry Township			Registrati	on Numb	ver il DA	<u> </u>
Full Name of Contributor			Registrati	OH INUING	ci, ii r A	
K. Steve Cesaro					1	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*					
1533 Rayne Layne	Perry Township, Lieutena				Check	
City	State	Zip Code	M	D	Y	Amount
Columbus,	0 H	43220		0 2	$1 \mid 4$	100.
Full Name of Contributor			Registrati	on Numb	er, if PA	C
Anthony W. Ashley						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
6602 Barons Ct. Loop	Perry T	eant		Check		
City	State	Zip Code	M	D	Y	Amount
Dublin	OIH	43016	1 2	0 2	1 4	40.
Full Name of Contributor		10010	Registrat			.C
Pull Name of Controllor						
		pation/Labor Organization	nu*			Form (Cash, Check, etc.)
Street Address	Employenoco	parion Euror Organizare				1
		Zip Code		D	Y	Amount
City	State	7.tp Code	I IVI	. J	',	Amount
				<u> </u>	1	
Full Name of Contributor			Registrat	ion Num	ber, if PA	AC.
						,
Street Address	Employer/Occi	on*	Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount
				} !		<u> </u>
Full Name of Contributor			Registra	tion Num	iber, if P/	AC .
THE TABLE OF CONTROLLO						
O Address	Employer/Occi	upation/Labor Organizati	on*		Form (Cash, Check, etc.	
Street Address	1,1,					
	State	Zip Code		Ď	Y	Amount
City	.sinic	Z.ip Code	1 "	1		
			D item	i d	iber, if PA	<u> </u>
Full Name of Contributor			KeRisua	tion nun	100, 11 12	74
	· , _,					E . O . I Cl.)
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.
<u> </u>				,		
City	State	Zip Code	М	D	Y	Amount
						<u> </u>
Full Name of Contributor		•	Registra	ition Nun	nber, if P	ΛC
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Silver Madiess						
0'.	State	Zip Cude	М	D	Y	Amount
City			1 1	1 1	1 1	1
			Registr	ation Nu	mber, if P	PAC
Full Name of Contributor			ХСВІЗП		, ., .,	-
					Form (Cash, Check, etc.	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Tom Cash, Check, or
				1	1 0	
City	State	Zip Code	M	l D	Y	Amount
					<u> </u>	
	The second are small as a second second	adidates. Il contributor is	all headlened the	occurati	on and th	e name of the

* 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 S 140.00