

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |                     |  |               |               |  |                        |  |
|--|---------------------|--|---------------|---------------|--|------------------------|--|
| Name of Committee in Full<br><b>The Committee For Perry Township</b> |                     |  |               |               |  |                        |  |
| Full Name of Contributor<br><b>Robert L. Oppenehimer</b>             |                     |  |               |               | Registration Number, if PAC              |                        |  |
| Street Address<br><b>811 Wackeman Ct.</b>                            |                     | Employer/Occupation/Labor Organization*<br><b>Perry Township, Chief of Police</b>    |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                        |  |
| City<br><b>Westerville,</b>  | State<br><b>O H</b> | Zip Code<br><b>43081</b>   | M<br><b>0</b> | D<br><b>5</b> | Y<br><b>2</b>                            | Amount<br><b>50.00</b> |  |
| Full Name of Contributor<br><b>Lori S. Burger</b>                    |                     |  |               |               | Registration Number, if PAC              |                        |  |
| Street Address<br><b>5346 Meadow Bend Dr.</b>                        |                     | Employer/Occupation/Labor Organization*<br><b>Perry Township, Asst. to the Chief</b> |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                        |  |
| City<br><b>Lewis Center,</b>   | State<br><b>O H</b> | Zip Code<br><b>43035</b>   | M<br><b>0</b> | D<br><b>5</b> | Y<br><b>2</b>                            | Amount<br><b>40.00</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                 |  |
| 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)]