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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N. T. co. Thursday, S. F. H.							
Name of Committee in Full	1 1						
The Committee For Perry Towr	iship						
Full Name of Contributor			Registra	Registration Number, if PAC			
Robert L. Oppenehimer			1				
Street Address	Employer/Occup	ation/Labor Organizatio	m"			Form (Cash, Check, etc.)	
811 Wackeman Ct.	Perry To	ownship, Chie	ef of Police			Check	
City	State	Zip Code	М	D	Y	Amount	
Westerville,	O I H	43081	1015	213	114	50.00	
Full Name of Contributor		Registration Number, if PAC					
Lori S. Burger			`				
Street Address	[Fmploxer/Occur	ation/Labor Organization	en*			Form (Cash, Check, etc.)	
5346 Meadow Bend Dr.	Perry Township, Asst. to t			inf.		Check	
City Delta D1.	State	Zip Code	<u> то ите Ст</u>	D	Y	Amount	
1 ·	O + H	1 '		_	L		
Lewis Center;	10111	<u> 43035</u>			114	 40.00	
Full Name of Contributor			Registra	HON NUN	ıber, it PA	C	
Street Address	Fundos ert Oscor	ation/Labor Organization	m1*			Form (Cash, Check, etc.)	
Succe Addicess	temployer/occup	anon cabor Organizano	, i			rosin (Casa, Check, etc.)	
City	State	Zip Code	M	D	ΙΥ	Amount -	
C.,	James	2.15 COL	"i		l i	runoum	
Full Name of Contributor	!		Remeter	tion Num	iber, if PA		
Tail Name of Contributor			Registra	aton ivan	ioci, ii i n		
Street Address	Employer/Occur	nation/Labor Organization	m*			Form (Cash, Check, etc.)	
Jones Address	Limpiayerroccup	anoi baboi o gamzano	,			ir oras (Casa, Cacca, cic.)	
City	State	Zip Code	l M	D	ΙΥ	Amount	
City	J. Siare	L.p code	";	Ιĭ		, anoun	
Full Name of Contributor		<u>i</u>	Parieten	Lion Nur	ber, if PA	<u></u>	
rui Name of Commodor			Kegisua	mon nun	יטכו, וו דר	ic.	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			From (Cuch Charl atc.)			
Sileet Addless				onn (casa, cheek, cic.)			
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City	State	Zip Code	"		Y !	Amount	
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Full Name of Contributor			Registra	ition Nun	iber, if PA	i.C	
5	F1					Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Cheel					onii (Casii, Check, etc.)		
		la: o .	1			 	
City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor			Registra	ition Nun	iber, if PA	C	
		1 11 1 12 1 1 1	<u> </u>			Form (Cash, Check, etc.)	
Street Address	Employer/Occup	oation/Labor Organizatio	on.			rom (Cash, Check, etc.)	
	8	Zip Code	M	a	Y	Amoust	
City	State	Zip Code	",	"	1 '.	Amoun	
	1	<u> </u>	1 1		1		
Full Name of Contributor			Registr	mon Nun	nber, if PA	IC.	
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
			Capor Organization			orm (Casi, Check, etc.)	
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City:	State	Zip Code	M _i	D	Y	Amount	
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* 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 \$	90.00