

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full stage for Mayor							
Full Name of Contributor Robert E Perry						Registration Number, if PAC	
Street Address 5887 Birch Bark Circle				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) dc	
City Grove City		State OH		Zip Code 4323		M D Y Amount 09 28 15 1,000⁰⁰	
Full Name of Contributor Contributions from Form No 31-E 7						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y Amount 10 01 15 90⁰⁰	
Full Name of Contributor Total Employee Contributions						Registration Number, if PAC	
Street Address From Form 31-G				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y Amount 500⁰⁰	
Full Name of Contributor							
Street Address							
City							
Full Name of Contributor							
Street Address							
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Full Name of Contributor							
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Full Name of Contributor							
Street Address							
City							

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **1,590⁰⁰**