

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends to Elect Perkins							
Full Name of Contributor Christina Staccia						Registration Number, if PAC	
Street Address 1263 Freshmen Dr		Employer/Occupation/Labor Organization Diabetes Resource Center			Form (Cash, Check, etc.) Check 3509		
City Westerville	State OH	Zip Code 43081	M 11	D 01	Y 07	Amount 40.00	
Full Name of Contributor Jeffrey Machee						Registration Number, if PAC	
Street Address 1549 Melrose Ave		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check 3121		
City Columbus	State OH	Zip Code 43224	M 11	D 01	Y 07	Amount 25.00	
Full Name of Contributor Steven M. Shellabarger						Registration Number, if PAC	
Street Address 948 Neil Ave		Employer/Occupation/Labor Organization Retired Educator			Form (Cash, Check, etc.) Check 6059		
City Columbus	State OH	Zip Code 43201	M 11	D 01	Y 07	Amount 25.00	
Full Name of Contributor Brett A. Warner						Registration Number, if PAC	
Street Address 120 East Kanawha Ave		Employer/Occupation/Labor Organization Physician Recenter			Form (Cash, Check, etc.) Check 1099		
City Columbus	State OH	Zip Code 43214	M 11	D 01	Y 07	Amount 25.00	
Full Name of Contributor Russell C. Goodwin Jr						Registration Number, if PAC	
Street Address 103 E. First Ave		Employer/Occupation/Labor Organization Wholesale Sales			Form (Cash, Check, etc.) Check 2390		
City Columbus	State OH	Zip Code 43201	M 11	D 01	Y 07	Amount 50.00	
Full Name of Contributor Linda Schuler						Registration Number, if PAC	
Street Address 118 W. First Ave		Employer/Occupation/Labor Organization STONEWALL			Form (Cash, Check, etc.) Check 6381		
City Columbus	State OH	Zip Code 43201	M 11	D 01	Y 07	Amount 50.00	
Full Name of Contributor Michael Council						Registration Number, if PAC	
Street Address 108 Buttles Ave		Employer/Occupation/Labor Organization REAL ESTATE			Form (Cash, Check, etc.) Check 8202		
City Columbus	State OH	Zip Code 43215	M 11	D 01	Y 07	Amount 100.00	
Full Name of Contributor Cheryl J. Parker						Registration Number, if PAC	
Street Address 6233 Windbrook Dr		Employer/Occupation/Labor Organization Homemaker			Form (Cash, Check, etc.) Check 5444		
City Blacklick	State OH	Zip Code 43004	M 09	D 25	Y 07	Amount 50.00	

* 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 **\$0.00**

365.00 ✓