

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Friends to Elect Perkins									
Full Name of Contributor							Registration Number, if PAC		
HERSCIANN9 BOWEN									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
212 E. NEW ENGLAND AVE				Retired					
City		State		Zip Code		M		D Y	
WORTHAMPTON		OH		43085		08		1407	
Amount							\$100.00		
Full Name of Contributor							Registration Number, if PAC		
DUANE Esker KA									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3650 A. Main St				VP OF TRANSPORTATION					
City		State		Zip Code		M		D Y	
Chula Vista, CA		OHCA		91911					
Amount							\$200.00		
Full Name of Contributor							Registration Number, if PAC		
NIRIAM Howard									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2707 SONATA DR				City Employee/Inspector					
City		State		Zip Code		M		D Y	
Columbus		OH		43209		08		2307	
Amount							\$50.00		
Full Name of Contributor							Registration Number, if PAC		
Suzanne Tolbert									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
537 STRATSHIRE LANE									
City		State		Zip Code		M		D Y	
Columbus, OHIO		OH		43230		08		2307	
Amount							500.00		
Full Name of Contributor							Registration Number, if PAC		
OHIO ASSOCIATION OF Public Employees									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6805 Oak Creek Drive									
City		State		Zip Code		M		D Y	
Columbus		OH		43029		09		1307	
Amount							\$2,000.00		
Full Name of Contributor							Registration Number, if PAC		
CAROL WISE									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1260 E. Hill DR				VP. OF Operations					
City		State		Zip Code		M		D Y	
Columbus		OH		43213		10		1707	
Amount							\$300.00		
Full Name of Contributor							Registration Number, if PAC		
CHRISTY ANGEL									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4358 E. BECK Street				SBC Executive					
City		State		Zip Code		M		D Y	
Columbus		OH		43206		10		0607	
Amount							\$50.00		
Full Name of Contributor							Registration Number, if PAC		
KEANIE Smith									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1638 MINTURN Drive				UNKNOWN					
City		State		Zip Code		M		D Y	
NEW ALBANY		OH		43054		10		0607	
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

3250.00