

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			
Lisa Carter										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1820 Ferntree Rd				Administrator			Cash			
City				State		Zip Code		M	D	Y
Columbus				OH		43211		09	29	07
								Amount		
								25.00		
Full Name of Contributor							Registration Number, if PAC			
Jaquie West										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1224 E. 20th Ave				Manager			Cash			
City				State		Zip Code		M	D	Y
Columbus				OH		43211		09	29	07
								Amount		
								40.00		
Full Name of Contributor							Registration Number, if PAC			
Alan Woods										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2410 Vendome				Manager			Cash			
City				State		Zip Code		M	D	Y
Columbus				OH		43219		09	29	07
								Amount		
								40.00		
Full Name of Contributor							Registration Number, if PAC			
Ann Woods										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2402 Vendome				Retired			Cash			
City				State		Zip Code		M	D	Y
Columbus				OH		43219		09	29	07
								Amount		
								20.00		
Full Name of Contributor							Registration Number, if PAC			
Paul Ransom										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
938 Carroway Blvd				Banker			Cash			
City				State		Zip Code		M	D	Y
Gahanna				OH		43230		09	29	07
								Amount		
								40.00		
Full Name of Contributor							Registration Number, if PAC			
Charlotte Budd										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
105 Autumn Rush Ct				Unknown			Cash			
City				State		Zip Code		M	D	Y
Gahanna				OH		43230		09	29	07
								Amount		
								25.00		
Full Name of Contributor							Registration Number, if PAC			
Crystal Branch-Perms										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6910 Cunningham Dr				HR Professional			Cash			
City				State		Zip Code		M	D	Y
New Albany				OH		43054		09	29	07
								Amount		
								20.00		
Full Name of Contributor							Registration Number, if PAC			
Brittany Perkins										
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
432 E. Rich St 5-H				Human Resource Professional			Cash			
City				State		Zip Code		M	D	Y
Columbus				OH		43215		09	29	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 \$200.00

240.00
20.00