

Statement of Contributions Received

Prescribed by Secretary of State 03-05

Name of Committee in Full							
Guards To Elect Perkins							
Full Name of Contributor						Registration Number, if PAC	
Richard M. Crockett							
Street Address				Employer, Occupation, Labor Organization*		Form (Cash, Check, etc.)	
8599 Swisher Creek Cross				Fruit owner		1000.00	
City				State	Zip Code	M	D Y
New Albany				OH	43054	11	01 07
Amount							
Full Name of Contributor							
Torgis K. Stotwell							
Street Address				Employer, Occupation, Labor Organization*		Form (Cash, Check, etc.)	
7318 A. Murrayfield Dr				Admin. Asst			
City				State	Zip Code	M	D Y
Washington, Ohio				OH	43085	11	01 07
Amount						200.00	
Full Name of Contributor							
Andrea C. Hawthorne - Pres							
Street Address				Employer, Occupation, Labor Organization*		Form (Cash, Check, etc.)	
3900 Seabird Ct				Hill-Rose, Ngr			
City				State	Zip Code	M	D Y
Akron				OH	43230	10	29 07
Amount						200.00	
Full Name of Contributor							
Marie Lita Butcher							
Street Address				Employer, Occupation, Labor Organization*		Form (Cash, Check, etc.)	
8500 Reynoldswood Dr				State employee			
City				State	Zip Code	M	D Y
Reynoldsburg				OH	43068	10	29 07
Amount						100.00	
Full Name of Contributor							
Street Address				Employer, Occupation, Labor Organization*		Form (Cash, Check, etc.)	
City				State	Zip Code	M	D Y
				OH			
Amount							
Full Name of Contributor							
Street Address				Employer, Occupation, Labor Organization*		Form (Cash, Check, etc.)	
City				State	Zip Code	M	D Y
				OH			
Amount							
Full Name of Contributor							
Street Address				Employer, Occupation, Labor Organization*		Form (Cash, Check, etc.)	
City				State	Zip Code	M	D Y
				OH			
Amount							
Full Name of Contributor							
Street Address				Employer, Occupation, Labor Organization*		Form (Cash, Check, etc.)	
City				State	Zip Code	M	D Y
				OH			
Amount							

* 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

1,500 ✓