

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		
TERRI STREET									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
187 N. GARFIELD AVE				Dir. of Education (City)			3035		
City				State		Zip Code		Amount	
Columbus				OH		43203		100607 100.00	
Full Name of Contributor							Registration Number, if PAC		
DANIEL SMOOT									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
1632 Bryden Road				UNKNOWN			974		
City				State		Zip Code		Amount	
Columbus				OH		43205		100607 75.00	
Full Name of Contributor							Registration Number, if PAC		
DAWN TYLER LEE									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
2574 DOVER				MANAGER OSC			1127		
City				State		Zip Code		Amount	
Columbus				OH		43209		100507 50.00	
Full Name of Contributor							Registration Number, if PAC		
FRIENDS FOR GINTHER									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
405 E. TOWN ST				CITY COORDINATOR			1127		
City				State		Zip Code		Amount	
Columbus				OH		43215		101807 100.00	
Full Name of Contributor							Registration Number, if PAC		
WILLIAM JOHNSTON									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
94 North Woods Blvd				EB-1 ATTORNEY			14542		
City				State		Zip Code		Amount	
Columbus				OH		43235		091807 250.00	
Full Name of Contributor							Registration Number, if PAC		
OHIO AFL-CIO									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
395 EAST Broad Street Suite 300				OHIO AFL-CIO			000624		
City				State		Zip Code		Amount	
Columbus				OH		43219		100407 250.00	
Full Name of Contributor							Registration Number, if PAC		
GARY PERKINS									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
25001 COPA CRO DR 203				CFO			2039		
City				State		Zip Code		Amount	
HAYWARD				OH-CA		94545		083107 250.00	
Full Name of Contributor							Registration Number, if PAC		
PATRICK STEPLENS									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
4850 GROVE Pointe DR				Dir. of Transportation			Cash		
City				State		Zip Code		Amount	
Groveport OH				OH		43125		092907 45.00	

* 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 1,120.00