

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		
Glenna L. Watson									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2508 Schaaf Dr				Retired			Check 8088		
City		State		Zip Code		M		D Y	
Columbus		OH		43209		09		29 07	
Amount							50.00		
Full Name of Contributor							Registration Number, if PAC		
Eric D Carmichael									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1299 Brookwood Pl				Financial Investor			Check 5364		
City		State		Zip Code		M		D Y	
Columbus		OH		43209		09		28 07	
Amount							50.00		
Full Name of Contributor							Registration Number, if PAC		
Shirley T. Toler									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1438 Haddon Rd				Homemaker			Check 6549		
City		State		Zip Code		M		D Y	
Columbus		OH		43209		09		29 07	
Amount							50.00		
Full Name of Contributor							Registration Number, if PAC		
Ruby D Honse									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1278 Briarmeadow				Retired			Check 1133		
City		State		Zip Code		M		D Y	
Worthington		OH		43235		09		28 07	
Amount							25.00		
Full Name of Contributor							Registration Number, if PAC		
Linda Kanney									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
971 Washington St				Unemployed			Check 2848		
City		State		Zip Code		M		D Y	
Pickerington		OH		43147		09		29 07	
Amount							50.00		
Full Name of Contributor							Registration Number, if PAC		
Diana Bryant									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5329 Longshadow Dr				Executive Asst.			Check 9117		
City		State		Zip Code		M		D Y	
Westerville		OH		43081		09		29 07	
Amount							50.00		
Full Name of Contributor							Registration Number, if PAC		
Donna B. Evans									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1150 Strathaven Dr N				Retired			Check 1776		
City		State		Zip Code		M		D Y	
Worthington		OH		43085		09		29 07	
Amount							50.00		
Full Name of Contributor							Registration Number, if PAC		
Rosanne Carmichael									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1620 E. Broad St #402							Check 7146		
City		State		Zip Code		M		D Y	
Columbus		OH		43203-1017		09		29 07	
Amount							25.00		

* 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

350.00