

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		
Dorothy CAGE									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
0360 Strawberry Rd				Retired			8101		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43219		092307 \$100.00	
Full Name of Contributor							Registration Number, if PAC		
BETTY DRUMMOND									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1288 PEPPERELL DR				Retired Educator			385		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43235		091707 50.00	
Full Name of Contributor							Registration Number, if PAC		
BOUNTA RICHARDSON									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1078 HERMITAGE CIR APT. H				UNEMPLOYED			119		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43220		092307 50.00	
Full Name of Contributor							Registration Number, if PAC		
DAVID HARRISON									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3107 Adirondack Ave				Manager			1247		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43231		092307 50.00	
Full Name of Contributor							Registration Number, if PAC		
DAVINA TATE									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
491 DOVEWOOD DR				BEAUTY MGR			4553		
City				State		Zip Code		M D Y Amount	
COLUMBIA				OH		43230		092907 20.00	
Full Name of Contributor							Registration Number, if PAC		
KINDA LEWIS									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
491 BEACHSIDE DR				MANY KEY CONSULTANT			4619		
City				State		Zip Code		M D Y Amount	
WATERVILLE OH				OH		43081		092907 100.00	
Full Name of Contributor							Registration Number, if PAC		
LESLIE SMITH									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3057 Sunbury Ridge Apts				MECHANIC			8105		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43219		092907 25.00	
Full Name of Contributor							Registration Number, if PAC		
NICOLE WOODS									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3126 JAKE PLACE				BANKING			3361		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43219		092907 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

\$420.00