

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee or 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		8083		
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43209	0	9	29	0	7	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	Amount			
Columbus	OH	43209	0	9	28	0	7	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	Amount			
Columbus	OH	43209	0	9	29	0	7	50.00	
Full Name of Contributor							Registration Number, if PAC		
Ruby D Honse									
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
1278 Briarwood		Retired			Check		1133		
City	State	Zip Code	M	D	Y	Amount			
Worthington	OH	43235	0	9	28	0	7	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		2845		
City	State	Zip Code	M	D	Y	Amount			
Pickerington	OH	43147	0	9	29	0	7	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	Amount			
Westerville	OH	43081	0	9	29	0	7	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	Amount			
Worthington	OH	43085	0	9	29	0	7	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	Amount			
Columbus	OH	43203-1017	0	9	29	0	7	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 ✓