

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Friends to Flect Perkins									
Full Name of Contributor							Registration Number, if PAC		
DOROTHY WILSON									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
0355 GARDENDALE DR				Retired Educator			USOL		
City		State		Zip Code		M		D Y	
Columbus		OH		43219		09		28 07	
Amount									
\$20.00									
Full Name of Contributor							Registration Number, if PAC		
Bonita Wand									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
7763 CROMWELL END				UNKNOWN			3917		
City		State		Zip Code		M		D Y	
NEW ALBANY		OH		43054		09		23 07	
Amount									
\$50.00									
Full Name of Contributor							Registration Number, if PAC		
HENRY EVANS									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6644 FEDER RD				UNKNOWN			4369		
City		State		Zip Code		M		D Y	
Galloway, OH		OH		43119		09		23 07	
Amount									
\$200.00									
Full Name of Contributor							Registration Number, if PAC		
Edwin Hogan									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2727 Mitzi DR				UNKNOWN			1416		
City		State		Zip Code		M		D Y	
Columbus		OH		43209		09		23 07	
Amount									
\$100.00									
Full Name of Contributor							Registration Number, if PAC		
CHARLES MONTGOMERY									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
810 S. Ashburton Rd				UNKNOWN			1354		
City		State		Zip Code		M		D Y	
Columbus		OH		43227		09		23 07	
Amount									
\$100.00									
Full Name of Contributor							Registration Number, if PAC		
KEENA YAJNIK									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3795 Schirringer Rd				Unknown			5809		
City		State		Zip Code		M		D Y	
Hilliard		OH		43206		09		22 07	
Amount									
\$50.00									
Full Name of Contributor							Registration Number, if PAC		
Ronald Williams									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
038 Cherrystone Drive N.				unknown			14545		
City		State		Zip Code		M		D Y	
Columbus		OH		43230		09		23 07	
Amount									
\$25.00									
Full Name of Contributor							Registration Number, if PAC		
Thelma Price									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2656 Mitzi DR				UNKNOWN			8844		
City		State		Zip Code		M		D Y	
Columbus		OH		43209		09		24 07	
Amount									
\$100.00									

* 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 \$2.00

645.00