

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		
Gary Estes Perkins									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
25001 Copa Del Oro Dr #203				CIO			Check 2084		
City		State		Zip Code		M	D	Y	Amount
Hayward		CA		94545-2571		1	0	15	250.00
Full Name of Contributor							Registration Number, if PAC		
William S. Alverson									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2905 Pamela Dr				Security Director			Check 992		
City		State		Zip Code		M	D	Y	Amount
Columbus		OH		43207		1	0	2	100.00
Full Name of Contributor							Registration Number, if PAC		
Janell Simmons									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2686 Bloom Dr				Unknown			Check 1516		
City		State		Zip Code		M	D	Y	Amount
Columbus		OH		43219		1	0	6	25.00
Full Name of Contributor							Registration Number, if PAC		
Joyce Smith									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1756 N. Star Rd				Church Administrator			Check 815		
City		State		Zip Code		M	D	Y	Amount
Columbus		OH		43212		1	0	1	50.00
Full Name of Contributor							Registration Number, if PAC		
Friends of Heard									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2603 Burnaby Dr				Unknown			Check 3246		
City		State		Zip Code		M	D	Y	Amount
Columbus		OH		43209		1	0	6	50.00
Full Name of Contributor							Registration Number, if PAC		
Laurel Betty									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
268 E. Gates St				Attorney			Check 1008		
City		State		Zip Code		M	D	Y	Amount
Columbus		OH		43206		1	0	5	50.00
Full Name of Contributor							Registration Number, if PAC		
Gayle King									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
625 Crossing Creek S				Human Resource Executive			Check 1792		
City		State		Zip Code		M	D	Y	Amount
Gahanna		OH		43230		0	9	29	50.00
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
		OH							

* 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

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