

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		
TERRI STREET									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
187 N. GARFIELD AVE				Dir. of Education (City)			3035		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43203		100607 100.00	
Full Name of Contributor							Registration Number, if PAC		
DANA SMOOT									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1632 BRYDEN ROAD				UNKNOWN			914		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43205		100607 75.00	
Full Name of Contributor							Registration Number, if PAC		
DAWN TYLER LEE									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2574 DOVER				MANAGER OSU			1127		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43209		100507 50.00	
Full Name of Contributor							Registration Number, if PAC		
FRIENDS FOR GINTHER									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
405 E. TOWN ST				CITY COUNCIL/MAN					
City				State		Zip Code		M D Y Amount	
Columbus				OH		43215		101807 100.00	
Full Name of Contributor							Registration Number, if PAC		
WILLIAM JOHNSTON									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
94 NORTH WOODS BLVD STE B-1				ATTORNEY			14542		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43235		091807 250.00	
Full Name of Contributor							Registration Number, if PAC		
OHIO AFL-CIO									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
395 EAST BROAD STREET SUITE 300							000624		
City				State		Zip Code		M D Y Amount	
Columbus				OH		43219		100407 250.00	
Full Name of Contributor							Registration Number, if PAC		
GARY PERKINS									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
25001 COPA ORO DR 203				CIO			2039		
City				State		Zip Code		M D Y Amount	
HAYWARD				OH CA		94545		083107 50.00	
Full Name of Contributor							Registration Number, if PAC		
PATRICK STEPLENS									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4850 GROVE POINTE DR				Dir. of Transportation			Cash		
City				State		Zip Code		M D Y Amount	
GROVEPORT, OH				OH		43125		092907 45.00	

* 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 1,120.00