

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		
Christina Staccia									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1263 Freshman Dr			Diabetes Resource Center				Check 3509		
City			State		Zip Code		M D Y		Amount
Westerville			OH		43081		101707		40.00
Full Name of Contributor							Registration Number, if PAC		
Jeffrey Mackey									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1549 Melrose Ave			Attorney				Check 3721		
City			State		Zip Code		M D Y		Amount
Columbus			OH		43224		101707		25.00
Full Name of Contributor							Registration Number, if PAC		
Steven M. Shellabarger									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
948 Neil Ave			Retired Educator				Check 6059		
City			State		Zip Code		M D Y		Amount
Columbus			OH		43201		101707		25.00
Full Name of Contributor							Registration Number, if PAC		
Brett A. Warner									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
120 East Kanaucha Ave			Physician's Practice				Check 1099		
City			State		Zip Code		M D Y		Amount
Columbus			OH		43214		101707		25.00
Full Name of Contributor							Registration Number, if PAC		
Russell C. Goodwin Jr									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
103 E. First Ave			Sales				Check 2390		
City			State		Zip Code		M D Y		Amount
Columbus			OH		43201		101707		50.00
Full Name of Contributor							Registration Number, if PAC		
Linda Schuler									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
118 W. First Ave			STONEWALL				Check 6381		
City			State		Zip Code		M D Y		Amount
Columbus			OH		43201		101707		50.00
Full Name of Contributor							Registration Number, if PAC		
Michael Council									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
108 Buttles Ave			REAL ESTATE				Check 8202		
City			State		Zip Code		M D Y		Amount
Columbus			OH		43215		101707		100.00
Full Name of Contributor							Registration Number, if PAC		
Cheryl J. Parker									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
6233 Windbrook Dr			Homemaker				Check 5444		
City			State		Zip Code		M D Y		Amount
Blacklick			OH		43004		092507		50.00

* 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

365.00 ✓