

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Friends to Elect Perkins</u>									
Full Name of Contributor <u>Andriene Weeks</u>						Registration Number, if PAC			
Street Address <u>6706 Rosedale Ave</u>			Employer/Occupation/Labor Organization <u>Administrator</u>			Form (Cash, Check, etc.) <u>8965</u>			
City <u>Reynoldsburg</u>		State <u>OH</u>	Zip Code <u>43068</u>		M <u>08</u>	D <u>29</u>	Y <u>07</u>	Amount <u>250.00</u>	
Full Name of Contributor <u>Janet Bates</u>						Registration Number, if PAC			
Street Address <u>1639 Hyatts Rd</u>			Employer/Occupation/Labor Organization <u>UNKNOWN</u>			Form (Cash, Check, etc.) <u>1106</u>			
City <u>Delaware</u>		State <u>OH</u>	Zip Code <u>43015</u>		M <u>09</u>	D <u>06</u>	Y <u>07</u>	Amount <u>100.00</u>	
Full Name of Contributor <u>James Weeks</u>						Registration Number, if PAC			
Street Address <u>149 Sherbourne Dr</u>			Employer/Occupation/Labor Organization <u>Retired</u>			Form (Cash, Check, etc.) <u>2833</u>			
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43219</u>		M <u>08</u>	D <u>29</u>	Y <u>07</u>	Amount <u>100.00</u>	
Full Name of Contributor <u>Charlene Jackson</u>						Registration Number, if PAC			
Street Address <u>2719 Nagle Ave</u>			Employer/Occupation/Labor Organization <u>Temporary employee</u>			Form (Cash, Check, etc.) <u>3690</u>			
City <u>Columbus Van Nuys</u>		State <u>OH CA</u>	Zip Code		M <u>06</u>	D <u>30</u>	Y <u>07</u>	Amount <u>25.00</u>	
Full Name of Contributor <u>Rachel Bibb</u>						Registration Number, if PAC			
Street Address <u>4694 Healy Dr</u>			Employer/Occupation/Labor Organization <u>Retired</u>			Form (Cash, Check, etc.) <u>9152</u>			
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43227</u>		M <u>08</u>	D <u>24</u>	Y <u>07</u>	Amount <u>20.00</u>	
Full Name of Contributor <u>Brenda P. P. P.</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City		State <u>OH</u>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City		State <u>OH</u>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City		State <u>OH</u>	Zip Code		M	D	Y	Amount	

* 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)]