

# 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, <input checked="" type="checkbox"/> 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, <input checked="" type="checkbox"/> 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 Weekes</u>						Registration Number, if PAC	
Street Address <u>149 Sherbourne Dr</u>			Employer/Occupation/Labor Organization* <u>Retired</u>			Form (Cash, <input checked="" type="checkbox"/> 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, <input checked="" type="checkbox"/> Check, etc.) <u>3690</u>	
City <u>Van Nuys</u>		State <u>OH</u>	Zip Code <u>CA</u>		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, <input checked="" type="checkbox"/> 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><del>Brooke D. Papp</del></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)]