

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends to Elect Perkins</b>							
Full Name of Contributor <b>Robert Perry</b>						Registration Number, if PAC	
Street Address <b>2720 Los Pinos Circle</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Santa Rosa Valley</b>		State <b>OH CA</b>	Zip Code <b>93012</b>	M <b>10</b>	D <b>27</b>	Y <b>09</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Charles A. Showers Jr</b>						Registration Number, if PAC	
Street Address <b>20801 Nordhoff St</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Chatsworth</b>		State <b>OH CA</b>	Zip Code <b>91311</b>	M <b>10</b>	D <b>27</b>	Y <b>09</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Carl Kolb</b>						Registration Number, if PAC	
Street Address <b>19527 Victory Blvd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reseda</b>		State <b>OH CA</b>	Zip Code <b>91335</b>	M <b>10</b>	D <b>28</b>	Y <b>09</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Yvette McGee Brown</b>						Registration Number, if PAC	
Street Address <b>643 Crossing Creeks</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	M <b>11</b>	D <b>10</b>	Y <b>09</b>	Amount <b>200.00</b>
Full Name of Contributor <b>E. Dianne McLinn</b>						Registration Number, if PAC	
Street Address <b>3197 Cannock Lane</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43219</b>	M <b>11</b>	D <b>23</b>	Y <b>09</b>	Amount <b>115.00</b>
Full Name of Contributor <b>Transport Workers Union</b>						Registration Number, if PAC	
Street Address <b>1700 Broadway 2nd floor</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>New York</b>		State <b>OH NY</b>	Zip Code <b>10019-5905</b>	M <b>10</b>	D <b>29</b>	Y <b>09</b>	Amount <b>1000.00</b>
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					
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)]

**1,390.00**  
Page Total **\$0.00**