

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends to Elect Perkins													
Full Name of Contributor Kathleen H. Frederick Ransier II							Registration Number, if PAC						
Street Address 1801 E. Long St				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43203		M 10		D 17		Y 09		Amount 200.00	
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC 1A1269							Registration Number, if PAC LA 1269						
Street Address 6805 Oak Creek Dr				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43229		M 10		D 15		Y 09		Amount 15,000.00	
Full Name of Contributor Columbus Franklin County AFL-CIO							Registration Number, if PAC						
Street Address 1545 Alum Creek Dr				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43209		M 10		D 23		Y 09		Amount 500.00	
Full Name of Contributor Michael + Marsha Taylor							Registration Number, if PAC						
Street Address 4139 Marsol Ave				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 10		D 16		Y 09		Amount 25.00	
Full Name of Contributor Willard + Ruby House							Registration Number, if PAC						
Street Address 1278 Briarmeadow Dr				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check						
City Worthington		State OH		Zip Code 43235		M 10		D 18		Y 09		Amount 50.00	
Full Name of Contributor Richard Crockett							Registration Number, if PAC						
Street Address 8599 Swisher Creek Crossing				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check						
City New Albany		State OH		Zip Code 43054		M 10		D 14		Y 09		Amount 3,000.00	
Full Name of Contributor Diana Bryant							Registration Number, if PAC						
Street Address 5329 Longshadow Dr				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check						
City Westerville		State OH		Zip Code 43081		M 10		D 15		Y 09		Amount 50.00	
Full Name of Contributor Donna Turner							Registration Number, if PAC						
Street Address 2089 Clipper Park				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check						
City Baltimore		State OH MD		Zip Code 21211		M 10		D 17		Y 09		Amount 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)]

\$ 18,875.00
Page Total \$0.00