

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends to Elect Perkins									
Full Name of Contributor DAPSE AFSCME Turn Around Ohio						Registration Number, if PAC PAC # 1269			
Street Address 6805 Oak Creek Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43229		M 		D 	
						Y 		Amount 2,500⁰⁰	
Full Name of Contributor Teachers for Better Schools						Registration Number, if PAC			
Street Address 929 E. Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43205		M 		D 	
						Y 		Amount 2,000	
Full Name of Contributor SEIU Local 1 Ohio PCE						Registration Number, if PAC			
Street Address 1368 E. 34th St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cleveland		State OH		Zip Code 44114		M 09		D 16	
						Y 11		Amount 500⁰⁰	
Full Name of Contributor John Wolf + Ann Crane						Registration Number, if PAC			
Street Address 3600 Kitzmiller Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany		State OH		Zip Code 43054		M 09		D 22	
						Y 11		Amount 2,000	
Full Name of Contributor One Main Financial						Registration Number, if PAC			
Street Address 1255 Morse Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43229		M 10		D 05	
						Y 11		Amount 4,088.42	
Full Name of Contributor DAPSE AFSCME Turn Around Ohio						Registration Number, if PAC PAC # 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 07	
						Y 11		Amount 2,500	
Full Name of Contributor Citizens for Priscilla Tyson						Registration Number, if PAC			
Street Address 1465 E. Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) 		
City Columbus		State OH		Zip Code 43205		M 10		D 13	
						Y 11		Amount 250⁰⁰	
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	

* 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)]