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In-Kind Contributions Received

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Page	_l	

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends to Elect Perkins		!			
Full Name of Contributor	Funlover Occupa	tion, Labor Organization*	Registration Nur	uber if PAC	
OAPSE/AFSCHE TURNAROUND OHO	тирилуст, Оссира)	Pacit		
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
6845 Oak Creek Dr	GOTV	ELECTION		3,334,29	
6845 Oak Creek Dr Collembus	Ott	Zip Code 43229	Received at Fund	draising Event?	
Full Name of Contributor	Employer, Occupa	tion. Labor Organization*	Registration Num		
DAPSE/AFSONE TURNAROUND OH	0		PACH		
1805 Oak Creek Dr City Columbus	Description of Item	ture Print	MD	Fair Market Value	
City	Sta te	Zip Code	Received at Fund		
Columbus	OH	43229	□ YES	□ No	
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Nun	nber, if PAC	
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
City	Sta te	Zip Code	Received at Fund	draising Event?	
			□ YES	□ NO	
Full Name of Contributor	Employer, Occupa	tion. Labor Organization*	Registration Num		
Street Address	Description of Item	or Service	M: D	Y Fair Market Value	
City	Sta te	Zip Code	Received at Fund	draising Event?	
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Num		
Street Address	Description of Item	ı or Service	M D	Y Fair Market Value	
City	Sta te	Zip Code	Received at Fund	draising Event?	
			□ YES	□ NO	
Full Name of Contributor	Employer, Occupa	tion. Labor Organization*	Registration Nun	nber, if PAC	
Street Address	Description of Hem	or Service	M D	Y Fair Market Value	
City	Sta te	Zíp Code	Received at Func	draising Event?	
			☐ YES	□_NO	
Full Name of Contributor	Employer, Occupa	tion. Labor Organization*	Registration Nun	nber, if PAC	
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
City	Sta te	Zip Code	Received at Fund	, and the second	
Call Name of Contributes	Employee Con ex	tion Labor Organization*	Registration Number, if PAC		
Full Name of Contributor	Employer, Occupa	tion. Labor Organization*	Registration Num	nder, if PAC	
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
City	Sta te	Zip Code	Received at Func	fraising Event?	
	_		I YES	El NO	

Page Total S 4 667 62

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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.]0(B)(4)]