

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends to Elect Perkins													
Full Name of Contributor Herscianna Bouwer							Registration Number, if PAC						
Street Address 212 E. New England Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Worthington		State OH		Zip Code 43085		M 08		D 14		Y 09		Amount 125.00	
Full Name of Contributor Ruth Watkins							Registration Number, if PAC						
Street Address 2750 Nutzi Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Cols		State OH		Zip Code 43209		M 08		D 16		Y 09		Amount 500.00	
Full Name of Contributor Anthony Stephens							Registration Number, if PAC						
Street Address 1936 Westmoreland				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Detroit		State OH MI		Zip Code 48219		M		D		Y		Amount 1000.00	
Full Name of Contributor Frank Cipriano							Registration Number, if PAC						
Street Address P.O. Box 06354				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43206		M 08		D 25		Y 09		Amount 250.00	
Full Name of Contributor Adrienne Weekes							Registration Number, if PAC						
Street Address 6706 Rosedale Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Reynoldsburg		State OH		Zip Code 43068		M 08		D 14		Y 09		Amount 250.00	
Full Name of Contributor Margaret Prillerman							Registration Number, if PAC						
Street Address 5191 Longrifle Ct				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash						
City Westerville		State OH		Zip Code 43081		M 08		D 14		Y 09		Amount 20.00	
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	
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)]

1845.00
Page Total

20810.00