

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends to Elect Perkins							
Full Name of Contributor Stan Alverson						Registration Number, if PAC	
Street Address 2905 Parnella Dr				Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43207		M 10 D 28 Y 09 Amount 50.00	
Full Name of Contributor Anna Geter						Registration Number, if PAC	
Street Address 2071 Jane Ave				Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43219		M 10 D 28 Y 09 Amount 50.00	
Full Name of Contributor Carol Ware						Registration Number, if PAC	
Street Address 6485 Ash Rock Circle				Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Cash	
City Westerville		State OH		Zip Code 43081		M 11 D 02 Y 09 Amount 20.00	
Full Name of Contributor Dan Moncrief III						Registration Number, if PAC	
Street Address 1324 E. 18th Ave				Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43211		M 11 D 02 Y 09 Amount 500.00	
Full Name of Contributor Mattie James						Registration Number, if PAC	
Street Address 1985 Sunbury Rd				Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Cash	
City Columbus		State OH		Zip Code 43219		M 11 D 04 Y 09 Amount 50.00	
Full Name of Contributor 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 10 D 28 Y 09 Amount 200.00	
Full Name of Contributor William Johnston						Registration Number, if PAC	
Street Address 94 North Woods Blvd ste B-1				Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43235		M 10 D 30 Y 09 Amount 75.00	
Full Name of Contributor Charlene Jackson						Registration Number, if PAC	
Street Address 6741 Nagle Ave Apt 2				Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check	
City Van Nuys		State OH CA		Zip Code 91401		M 10 D 26 Y 09 Amount 25.00	

* 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)]

Page Total **\$0.00**