

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends to Elect Perkins													
Full Name of Contributor Robert + Sarah Perry							Registration Number, if PAC						
Street Address 2720 Los Pinos Circle				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check						
City Santa Rosa Valley		State OH-CA		Zip Code 93012		M 11		D 07		Y 09		Amount 25.00	
Full Name of Contributor Keith Lehrer + Charles Showers							Registration Number, if PAC						
Street Address 20801 Nordhoff St				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check						
City Chatsworth		State OH-CA		Zip Code 91311		M 11		D 27		Y 09		Amount 25.00	
Full Name of Contributor Carl Kolb							Registration Number, if PAC						
Street Address P527 Victory Blvd				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check						
City Reseda		State OH-CA		Zip Code 91335		M 11		D 28		Y 09		Amount 25.00	
Full Name of Contributor Anthony + Yvette Brown							Registration Number, if PAC						
Street Address 643 Crossing Creek S				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check						
City Arabanna		State OH		Zip Code 43230		M 11		D 11		Y 09		Amount 200.00	
Full Name of Contributor E. Dianne McKinn							Registration Number, if PAC						
Street Address 3197 Canrock Lane				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Cash						
City Columbus		State OH		Zip Code 43219		M 11		D 23		Y 09		Amount 115.00	
Full Name of Contributor Transport Workers Union							Registration Number, if PAC						
Street Address 1700 Broadway, 2nd fl				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check						
City New York		State OH-NY		Zip Code 10019-5905		M 11		D 29		Y 09		Amount 1,000	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)						
City		State OH		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 OH		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)]

1,390.00
Page Total **\$0.00**