

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends to Elect Perkins													
Full Name of Contributor Wade Lawson							Registration Number, if PAC						
Street Address 25 S. New York Ave				Employer/Occupation/Labor Organization* Executive			Form (Cash, Check, etc.) Cash						
City Atlantic City		State OH NJ		Zip Code		M 09		D 29		Y 07		Amount 40.00	
Full Name of Contributor Belinda Taylor							Registration Number, if PAC						
Street Address 1266 Seymour Ave				Employer/Occupation/Labor Organization* Community Relations Professional			Form (Cash, Check, etc.) Cash						
City Columbus		State OH		Zip Code 43206		M 09		D 29		Y 07		Amount 25.00	
Full Name of Contributor Marlita Bartlett							Registration Number, if PAC						
Street Address 8500 Reynolds Woods Dr				Employer/Occupation/Labor Organization* State Government employee			Form (Cash, Check, etc.) Cash						
City Reynoldsburg		State OH		Zip Code 43068		M 09		D 29		Y 07		Amount 100.00	
Full Name of Contributor Mark Hill							Registration Number, if PAC						
Street Address 5634 Chreshen Ave				Employer/Occupation/Labor Organization* Unemployed			Form (Cash, Check, etc.) Cash						
City Columbus		State OH		Zip Code 43230		M 09		D 23		Y 07		Amount 7.00	
Full Name of Contributor Robert J. Weiler							Registration Number, if PAC						
Street Address 41 S. High St Ste 1010				Employer/Occupation/Labor Organization* Real Estate			Form (Cash, Check, etc.) Check 10984						
City Columbus		State OH		Zip Code 43215		M 10		D 17		Y 07		Amount 500.00	
Full Name of Contributor Gary L. Baker, II							Registration Number, if PAC						
Street Address 2142 Staghorn Way				Employer/Occupation/Labor Organization* Banker			Form (Cash, Check, etc.) Check 975						
City Broun City		State OH		Zip Code 43123		M 10		D 19		Y 07		Amount 100.00	
Full Name of Contributor Frank Cipriano							Registration Number, if PAC						
Street Address 39 Whittier St				Employer/Occupation/Labor Organization* Real Estate			Form (Cash, Check, etc.) 2153						
City Columbus		State OH		Zip Code 43206		M 10		D 18		Y 07		Amount 200.00	
Full Name of Contributor Dianne McHinn							Registration Number, if PAC						
Street Address 3197 Cannock Lane				Employer/Occupation/Labor Organization* VP of Human Resources			Form (Cash, Check, etc.) Check 3290						
City Columbus		State OH		Zip Code 43219		M 10		D 22		Y 07		Amount 100.00	

* 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**

1,072 ✓