

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

 Event Date 09/29/2007
 Page 7

Name of Committee in Full			
Friends to Elect PEAKINS			
Full Name of Contributor		Registration Number, if PAC	
CAROL WISE			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1260 E. Hill Drive	UP of Operations	10	11/707 \$300.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43213	2013	
Full Name of Contributor		Registration Number, if PAC	
Rachel Bibb			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
4694 Healy Dr	Retired	08	8467 \$20.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43227	9152	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)	
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)	
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)	
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)	
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)	
	OH		

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$2165.00
\$0.00

Total expenditures this event.

\$0.00

Page Total \$

\$320
~~\$0.00~~