

09/23/07

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
FRIENDS TO ELECT PERKINS			
Full Name of Contributor		Registration Number, if PAC	
RONALD WILLIAMS			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
238 CHERRYSTONE DRIVE N.	UNKNOWN	09 23 07	\$25
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43230	14315
Full Name of Contributor		Registration Number, if PAC	
DREMA PRICE			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1656 MITZI DR.	UNKNOWN	09 24 07	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	8844
Full Name of Contributor		Registration Number, if PAC	
MARK HILL			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5634 CHRESHEN AVE.	UNEMPLOYED	09 23 07	\$7
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43230	
Full Name of Contributor		Registration Number, if PAC	
JOYCE SMITH			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1756 N. STAR RD	Church Administrator	10 01 07	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus Ohio	OH	43212	815
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

132.00
\$0.00

Total expenditures this event.

200.00
\$0.00

Page Total \$

182.00 ✓
~~132.00~~
\$0.00