

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC	
Friends to Elect PERKINS					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D Y
Crystal Branch Parks		HR Professional		09	29 07
Street Address	City	State	Zip Code	Amount	
6910 Cunningham Dr.	New Albany	OH	43054	\$20.00	
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D Y
Brittany Perkins		Human Resources Professional		09	29 07
Street Address	City	State	Zip Code	Amount	
432 E. Rich Street S-H	Columbus	OH	43215	\$50	
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D Y
Wade Lawson		Executive		09	29 07
Street Address	City	State	Zip Code	Amount	
85 S. New York Avenue	Atlantic City	OH	43215	\$40.00	
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D Y
Bolinda Taylor		Community Relations Professional		09	29 07
Street Address	City	State	Zip Code	Amount	
1266 Seymour Avenue	Columbus	OH	43206	\$25	
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D Y
Dianne McHenry		VP of Human Resources		10	22 07
Street Address	City	State	Zip Code	Amount	
3197 Cannock Lane	Columbus	OH	43219	\$100	
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D Y
Marlita Bartlett		State Government Employee		09	29 07
Street Address	City	State	Zip Code	Amount	
8500 Reynolds Woods Dr	Reynoldsburg	OH	43068	\$100.00	
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D Y
Dorothy Wilson		Retired Educator		09	28 07
Street Address	City	State	Zip Code	Amount	
2355 Gandin Dale Dr	Columbus	OH	43219	\$20.00	

* 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)]

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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$

\$355
\$0.00