

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

Prescribed by Secretary of State 03/05

Name of Committee or Full Name of Contributor					Registration Number, if PAC	
FRIENDS TO ELECT PERKINS						
Full Name of Contributor Robert Weiler					Registration Number, if PAC	
Street Address 41 S. High St 1010	Employer/Occupation/Labor Organization* Real Estate		M 10	D 17	Y 07	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) 10984			
Full Name of Contributor FRANK CIPRIANO					Registration Number, if PAC	
Street Address 39 Whittier St	Employer/Occupation/Labor Organization* Real Estate		M 10	D 18	Y 07	Amount \$200.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) 2153			
Full Name of Contributor					Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor					Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor					Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor					Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor					Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			

* 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

\$100.00
\$0.00

Total expenditures this event.

\$200.00
\$0.00

\$700.00
Page Total \$ 0.00