

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

Prescribed by Secretary of State 03/05

Name of Committee or Full					
FRIENDS TO ELECT PERKINS					
Full Name of Contributor				Registration Number, if PAC	
CHRISTINA STACCIA					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1263 FRESHMAN DR	UNKNOWN	11	01	17	\$40.00
City	State	Zip Code	Form (Cash, Check, etc.)		
WESTERVILLE	OH	43081	3209		
Full Name of Contributor				Registration Number, if PAC	
JEFFREY HACKY					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1519 MCKROSE AVENUE		11	01	17	\$5.00
City	State	Zip Code	Form (Cash, Check, etc.)		
COLUMBUS	OH	43224	3207		
Full Name of Contributor				Registration Number, if PAC	
STEVEN M. SHELLBERGER					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
948 NEIL AVENUE		11	01	17	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)		
COLUMBUS	OH	43201	6059		
Full Name of Contributor				Registration Number, if PAC	
BRETT A. WARNER					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
120 E. KANAWA AVENUE	UNKNOWN	11	01	17	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)		
COLUMBUS	OH	43214	1099		
Full Name of Contributor				Registration Number, if PAC	
RUSSELL C GOODWIN JR					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
103 E. FIRST AVENUE	UNKNOWN	11	01	17	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)		
COLUMBUS	OH	43201	2390		
Full Name of Contributor				Registration Number, if PAC	
KINDA SCHULTEN					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
118 W. FIRST AVENUE	UNKNOWN	11	01	17	\$50
City	State	Zip Code	Form (Cash, Check, etc.)		
COLUMBUS	OH	43201	1687		
Full Name of Contributor				Registration Number, if PAC	
MICHAEL COUNCIL					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
108 BUTLERS AVENUE	UNKNOWN	11	01	17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
COLUMBUS	OH	43215	8202		

* 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

\$315.00
\$0.00

Total expenditures this event.

\$100.00
\$0.00

Page Total \$

\$315.00
\$0.00