

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				Registration Number, if PAC	
Crystal Branch Parks					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
6910 Cunningham Dr.	HR Professional	0	9	29	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)		
New Albany	OH	43054			
Full Name of Contributor				Registration Number, if PAC	
Brittany Perkins					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
432 E. Rich Street 5H	Human Resources Professional	0	9	29	\$50
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215			
Full Name of Contributor				Registration Number, if PAC	
Wade Lawson					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
25 S. New York Avenue	Executive	0	9	29	\$40.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Atlantic City	OH 45				
Full Name of Contributor				Registration Number, if PAC	
Belinda Taylor					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1266 Seymour Avenue	Community Relations Professional	0	9	29	\$25
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43206			
Full Name of Contributor				Registration Number, if PAC	
DANIE McKEEN					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3197 Cannock Lane	VP of Human Resources	10	22	07	\$100
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43219	3290		
Full Name of Contributor				Registration Number, if PAC	
Marita Bartlett					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
8500 Reynolds Woods Dr.	State Government Employee	0	9	29	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Reynoldsburg	OH	43068			
Full Name of Contributor				Registration Number, if PAC	
Dorothy Wilson					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2355 Gardendale Dr	Retired Educator	0	9	28	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43219	6504		

* 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

\$355

Page Total \$

~~\$0.00~~