

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		
GLENN A. WATSON				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1508 Schaaf Dr	Retired	0	9	29
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Columbus	OH	43209	8085	\$50
Full Name of Contributor		Registration Number, if PAC		
ERIC D. Carmichael				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1299 Brookwood Pl	FINANCIAL INVESTOR	0	9	28
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Columbus	OH	43209	5561	\$50
Full Name of Contributor		Registration Number, if PAC		
Shirley T. Tolern				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1438 Haddon Rd.	Homemaker	0	9	29
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Columbus	OH	43209	6549	\$50.00
Full Name of Contributor		Registration Number, if PAC		
Ruby D. House				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1278 Briar Meadow	Retired	0	9	28
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Worthington	OH	43235	1133	\$25.00
Full Name of Contributor		Registration Number, if PAC		
Linda Kayney				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
971 Washington St	Unemployed	0	9	29
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Pickerington	OH	43147	2848	\$50.00
Full Name of Contributor		Registration Number, if PAC		
DIANNA BRYANT				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
5329 Longshadow Dr	Executive Asst	0	9	29
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Westerlyville	OH	43081	8117	\$50.00
Full Name of Contributor		Registration Number, if PAC		
DONNA B. EVANS				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1150 Strathaven Dr. N.	Retired	0	9	29
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Worthington	OH	43085	1776	\$50

* 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 \$ 325.00
\$0.00