

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				Amount	
ANITA R. WATKINS				\$25	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	
7575 Wellshire Dr.	COMMUNICATIONS SPECIALIST	09	29	07	
City	State	Zip Code	Form (Cash, Check, etc.)		
Pickerington	OH	43147	1538		
Full Name of Contributor				Registration Number, if PAC	
Gayle King					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
625 CROSSING CREEK S.	HELMAN RESOURCES EDUCATION	09	29	07	\$50
City	State	Zip Code	Form (Cash, Check, etc.)		
CALAMING	OH	43230	1792		
Full Name of Contributor				Registration Number, if PAC	
KISA CARTER					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1800 FERN TREE RD		09	29	07	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215			
Full Name of Contributor				Registration Number, if PAC	
ALAN WOODS					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2410 VANDOME	MANAGER	09	29	07	\$40
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43219			
Full Name of Contributor				Registration Number, if PAC	
ANN WOODS					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2402 VANDOME	Retired				\$00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43219			
Full Name of Contributor				Registration Number, if PAC	
PAUL RANSOM					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
938 CARROWAY BLVD	BANKER	09	29	07	\$40
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43230			
Full Name of Contributor				Registration Number, if PAC	
Charlotte Reed					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
105 Autumn Bush Ct		09	29	07	\$25
City	State	Zip Code	Form (Cash, Check, etc.)		
Cphanna	OH	43230			

* 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 \$

225.00
\$0.00