

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	
CHRISTINA STACCIA					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1263 FRESHMAN DR	UNKNOWN	1	0	17	\$40.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Worsterville	OH	43081		3309	
Full Name of Contributor				Registration Number, if PAC	
JEFFREY MACKAY					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1549 MCKROSE AVENUE		1	0	17	\$25.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43224		3707	
Full Name of Contributor				Registration Number, if PAC	
STEVEN M. SHILLBERGER					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
948 NOIL AVENUE		1	0	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	1	0	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 SR					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
103 E. FIRST AVENUE	UNKNOWN	1	0	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	1	0	17	\$50
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43201		6387	
Full Name of Contributor				Registration Number, if PAC	
MICHAEL COUNCIL					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
108 BUTTLES AVENUE	UNKNOWN	1	0	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

\$315.00
\$0.00
Page Total \$