

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 ROSANNE Carmichael			Registration Number, if PAC	
Street Address 1620 E. Broad Street #402	Employer/Occupation/Labor Organization* Retired		M D Y 09 29 07	Amount \$25.00
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) 7146	
Full Name of Contributor Glenna L. Watson			Registration Number, if PAC	
Street Address 2508 Schaaf Dr.	Employer/Occupation/Labor Organization* Retired		M D Y 09 29 07	Amount \$25.00
City Columbus, Ohio	State OH	Zip Code 43209	Form (Cash, Check, etc.) 8087	
Full Name of Contributor Glenna L. Watson			Registration Number, if PAC	
Street Address 2508 Schaaf Dr	Employer/Occupation/Labor Organization* Retired		M D Y 09 29 07	Amount \$25.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) 3031	
Full Name of Contributor Tiffany Pannell			Registration Number, if PAC	
Street Address 1449 Cottingham Ct E.	Employer/Occupation/Labor Organization* Event Planner		M D Y 09 29 07	Amount \$25.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) 1941	
Full Name of Contributor GAYZELLE B. Nash			Registration Number, if PAC	
Street Address 6670 Axtel Dr.	Employer/Occupation/Labor Organization* MANAGER		M D Y 09 29 07	Amount 25.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) 6457	
Full Name of Contributor Edith O. Turner			Registration Number, if PAC	
Street Address 2335 Gardendale Dr.	Employer/Occupation/Labor Organization* Retired		M D Y 09 29 07	Amount \$25.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) 7821	
Full Name of Contributor Tom Bell Jr.			Registration Number, if PAC	
Street Address 3185 Cannock Ln	Employer/Occupation/Labor Organization* Retired		M D Y 09 29 07	Amount \$25.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) 1538	

* 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 \$

\$175.00
\$0.00