

09/29/2007

5

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		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Ered Wilkes		SALES Executive		09	29	07	\$50.00
Street Address		State		Zip Code		Form (Cash, Check, etc.)	
2448 PENDUE DR.		OH		43211		2931	
City		State		Zip Code		Form (Cash, Check, etc.)	
Columbus		OH		43211		2931	
Full Name of Contributor				Registration Number, if PAC			
PATRICK STEPHENS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4850 GROVE POINTE DR		DIR. OF TRANSPORTATION		09	29	07	\$45.00
City		State		Zip Code		Form (Cash, Check, etc.)	
GROVEPORT, OH		OH		43125		2931	
Full Name of Contributor				Registration Number, if PAC			
DAVINA TATE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
491 DOVEWOOD DR.		Benefits Mgr.		09	29	07	\$20.00
City		State		Zip Code		Form (Cash, Check, etc.)	
GAHANNA		OH		43230		4553	
Full Name of Contributor				Registration Number, if PAC			
LINDA LEWIS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
491 BEACHSIDE DR.		MARY KAY CONSULTANTS		09	29	07	\$100.00
City		State		Zip Code		Form (Cash, Check, etc.)	
WESTERVILLE		OH		43081		4619	
Full Name of Contributor				Registration Number, if PAC			
LESLIE SMITH							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3057 SUNBURG RIDGE APTS.		MECHANIC		09	29	07	\$25.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Columbus		OH		43219		8105	
Full Name of Contributor				Registration Number, if PAC			
NICOLE WOODS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3126 JAKE PLACE		BANKING		09	29	07	\$25
City		State		Zip Code		Form (Cash, Check, etc.)	
Columbus		OH		43219		3361	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
		OH					

* 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 \$

\$265.00
- \$0.00