

09/29/2007

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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 PENKINS				Registration Number, if PAC	
Full Name of Contributor CAROL WISE				Registration Number, if PAC	
Street Address 1260 E. Hill Drive		Employer/Occupation/Labor Organization* UP of Operations		M 10	D 17
City Columbus		State OH	Zip Code 43213	Y 07	Amount \$300.00
Form (Cash, Check, etc.) 2013					
Full Name of Contributor RACHEL BIBB				Registration Number, if PAC	
Street Address 4694 Healy Dr		Employer/Occupation/Labor Organization* Retired		M 08	D 24
City Columbus		State OH	Zip Code 43227	Y 07	Amount \$20.00
Form (Cash, Check, etc.) 9152					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* 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

\$2165.00

Total expenditures this event.

\$0.00

Page Total \$

\$320
~~\$0.00~~