

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Fred Perkins, Jr Republican Ward I Council Seat Committee</u>		Registration Number, if PAC	
Full Name of Contributor <u>Rosehill Dental</u>		M D Y Amount <u>03 27 10 100.00</u>	
Street Address <u>1338 Rosehill Rd</u>	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) <u>1831</u>	
City <u>Reynoldsburg</u>	State <u>OH</u> Zip Code <u>43068</u>		
Full Name of Contributor <u>LARRY TATE</u>		Registration Number, if PAC	
Street Address <u>228 Longfellow Ave</u>		M D Y Amount <u>03 16 10 100.00</u>	
City <u>Worthington</u>	State <u>OH</u> Zip Code <u>43085</u>	Form (Cash, Check, etc.) <u>4559</u>	
Full Name of Contributor <u>MARIAN HARRIS</u>		Registration Number, if PAC	
Street Address <u>550 E WALNUT ST</u>		M D Y Amount <u>03 16 10 100.00</u>	
City <u>Columbus</u>	State <u>OH</u> Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>1008</u>	
Full Name of Contributor <u>DABRIENK DORGAN</u>		Registration Number, if PAC	
Street Address <u>2866 HATTERAS WAY</u>		M D Y Amount <u>03 09 10 100.00</u>	
City <u>NAPLES</u>	State <u>FL</u> Zip Code <u>34119</u>	Form (Cash, Check, etc.) <u>4072</u>	
Full Name of Contributor <u>Boutelis Auto CARE</u>		Registration Number, if PAC	
Street Address <u>6050 E Livingston Ave</u>		M D Y Amount <u>04 12 10 100.00</u>	
City <u>Columbus</u>	State <u>OH</u> Zip Code <u>43232</u>	Form (Cash, Check, etc.) <u>29715</u>	
Full Name of Contributor <u>Nicholas Menedis</u>		Registration Number, if PAC	
Street Address <u>7511 Daugherty DR</u>		M D Y Amount <u>03 25 10 100.00</u>	
City <u>Reynoldsburg</u>	State <u>OH</u> Zip Code <u>43068</u>	Form (Cash, Check, etc.) <u>12233</u>	
Full Name of Contributor <u>Kelly BMW</u>		Registration Number, if PAC	
Street Address <u>4050 Morse Rd</u>		M D Y Amount <u>03 31 10 589.00</u>	
City <u>Columbus</u>	State <u>OH</u> Zip Code <u>43230</u>	Form (Cash, Check, etc.) <u>108886</u>	

* 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

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Total expenditures this event.

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Page Total \$

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