

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

Prescribed by Secretary of State 03/05

Event Date 09/29/2007  
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| Name of Committee in Full                    |                                                                   |                   |                                                                      | Registration Number, if PAC |         |                    |  |
|----------------------------------------------|-------------------------------------------------------------------|-------------------|----------------------------------------------------------------------|-----------------------------|---------|--------------------|--|
| FRIENDS to Elect PERKINS                     |                                                                   |                   |                                                                      |                             |         |                    |  |
| Full Name of Contributor<br>Fred Wilkes      |                                                                   |                   |                                                                      | Registration Number, if PAC |         |                    |  |
| Street Address<br>2448 PENDUE AVE.           | Employer/Occupation/Labor Organization*<br>SALES Executive        |                   | M<br>09                                                              | D<br>29                     | Y<br>07 | Amount<br>\$50.00  |  |
| City<br>Columbus                             | State<br>OH                                                       | Zip Code<br>43211 | Form (Cash, <input checked="" type="checkbox"/> Check, etc.)<br>2931 |                             |         |                    |  |
| Full Name of Contributor<br>Patrick Stephens |                                                                   |                   |                                                                      | Registration Number, if PAC |         |                    |  |
| Street Address<br>4850 GROVE POINTE DR       | Employer/Occupation/Labor Organization*<br>DIR. OF TRANSPORTATION |                   | M<br>09                                                              | D<br>29                     | Y<br>07 | Amount<br>\$45.00  |  |
| City<br>GROVEPORT, OH                        | State<br>OH                                                       | Zip Code<br>43125 | Form (Cash, <input checked="" type="checkbox"/> Check, etc.)         |                             |         |                    |  |
| Full Name of Contributor<br>DORINA TATE      |                                                                   |                   |                                                                      | Registration Number, if PAC |         |                    |  |
| Street Address<br>491 DOVEWOOD DR.           | Employer/Occupation/Labor Organization*<br>Benefits Mgr.          |                   | M<br>09                                                              | D<br>29                     | Y<br>07 | Amount<br>\$20.00  |  |
| City<br>GAHANNA                              | State<br>OH                                                       | Zip Code<br>43230 | Form (Cash, <input checked="" type="checkbox"/> Check, etc.)<br>4553 |                             |         |                    |  |
| Full Name of Contributor<br>LINDA LEWIS      |                                                                   |                   |                                                                      | Registration Number, if PAC |         |                    |  |
| Street Address<br>491 BEACHSIDE DR.          | Employer/Occupation/Labor Organization*<br>MARY KAY CONSULTANTS   |                   | M<br>09                                                              | D<br>29                     | Y<br>07 | Amount<br>\$100.00 |  |
| City<br>WESTERVILLE                          | State<br>OH                                                       | Zip Code<br>43081 | Form (Cash, <input checked="" type="checkbox"/> Check, etc.)<br>4619 |                             |         |                    |  |
| Full Name of Contributor<br>Leslie Smith     |                                                                   |                   |                                                                      | Registration Number, if PAC |         |                    |  |
| Street Address<br>3057 Sunbury Ridge Apts.   | Employer/Occupation/Labor Organization*<br>UPPHAMIC               |                   | M<br>09                                                              | D<br>29                     | Y<br>07 | Amount<br>\$25.00  |  |
| City<br>Columbus                             | State<br>OH                                                       | Zip Code<br>43219 | Form (Cash, <input checked="" type="checkbox"/> Check, etc.)<br>8105 |                             |         |                    |  |
| Full Name of Contributor<br>NICOLE WOODS     |                                                                   |                   |                                                                      | Registration Number, if PAC |         |                    |  |
| Street Address<br>3126 JAKE PLACE            | Employer/Occupation/Labor Organization*<br>BANKING                |                   | M<br>09                                                              | D<br>29                     | Y<br>07 | Amount<br>\$25-    |  |
| City<br>Columbus                             | State<br>OH                                                       | Zip Code<br>43215 | Form (Cash, <input checked="" type="checkbox"/> Check, etc.)<br>3361 |                             |         |                    |  |
| Full Name of Contributor                     |                                                                   |                   |                                                                      | Registration Number, if PAC |         |                    |  |
| Street Address                               | Employer/Occupation/Labor Organization*                           |                   | M                                                                    | D                           | Y       | Amount             |  |
| City                                         | State<br>OH                                                       | Zip Code          | Form (Cash, <input checked="" type="checkbox"/> 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 3265.00  
~~30.00~~