

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 ELOCT PERKINS								
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
DOROTHY CAGE		Retiree		0	9	23	07	\$100.00
Street Address		City		Form (Cash, Check, etc.)				
1360 Sunbury Rd		Columbus		8101				
State		Zip Code						
OH		43219						
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Bonita Richardson		APT H - UNKNOWN		0	9	23	07	\$20.00
Street Address		City		Form (Cash, Check, etc.)				
1078 HERRI HALL Cir N.		Columbus		119				
State		Zip Code						
OH		43220						
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
DAVID HARRISON		MANAGER		0	9	23	07	\$50
Street Address		City		Form (Cash, Check, etc.)				
3107 Adirondack Ave.		Columbus		1247				
State		Zip Code						
OH		43231						
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
CHERYL S. PARKER		HOMEMAKER		0	9	23	07	\$50
Street Address		City		Form (Cash, Check, etc.)				
6233 WINDBROOK DR.		BLACKICK		5447				
State		Zip Code						
OH		43004						
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Bonita Ward		UNKNOWN		0	9	23	07	\$50.00
Street Address		City		Form (Cash, Check, etc.)				
7763 CROMWELL ENID		NEW ALBANY		3917				
State		Zip Code						
OH		43054						
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
HENRY EDWALS		UNKNOWN		0	9	23	07	\$200.00
Street Address		City		Form (Cash, Check, etc.)				
6644 FEDER Rd		Galloway		4309				
State		Zip Code						
OH		43119						
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
CHARLES MONTGOMERY		UNKNOWN		0	9	23	07	\$100
Street Address		City		Form (Cash, Check, etc.)				
810 S. Ashburton Rd		Columbus		1354				
State		Zip Code						
OH		43227						

* 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 \$

\$550.00

\$0.00

\$600.00