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Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			•
Friends to Elect Perkins			
Full Name			Registration Number, if PAC
From Form 31-C			
Address	Type		M D Y Amount
<u></u> .	LN		1 0 1 9 1 1 \$4,088.42
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
		_	
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
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Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH State	Zip Code	Form (Cash, Check, etc.)
Full Name	OII		Registration Number, if PAC
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Address	Type*		M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
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Full Name	0		Registration Number, if PAC
Address	Type*		M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Туре		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Туре		M D Y Amount
	LRE .		
City	State	Zip Code	Form (Cash, Cheek, etc.)
F 11 S1	<u>OH</u>	_	
Fuli Name			Registration Number, if PAC
Address	Time		M D Y Amount
MARIESS	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
eny	OH	Air Code	i oria (Cusii, Chook, clo.)
	Uil		

4,088.42
Page Total \$_____

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.