

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 Elect PERKINS							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
VALERIE M. BANKS		Educator		09	29	07	\$30.00
Street Address		City		Form (Cash, Check, etc.)			
1232 Haddon Road		Columbus OHIO		1372			
State		Zip Code					
OH		43209					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
TENE NASH		FINANCE		09	29	07	\$20
Street Address		City		Form (Cash, Check, etc.)			
730 S. 9th Street		Columbus		1843			
State		Zip Code					
OH		43206					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
DONNA TURNER				09	28	07	\$100.00
Street Address		City		Form (Cash, Check, etc.)			
2089 Clipper Park Rd		Baltimore, MD		1550			
State		Zip Code					
OH		21211-1406					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CHERYL GRICE		INSURANCE AGENT		09	29	07	\$100.00
Street Address		City		Form (Cash, Check, etc.)			
3303 JOES WAY		Columbus		2139			
State		Zip Code					
OH		43223					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Charlotte Carter		Retired Educator		09	29	07	\$100.00
Street Address		City		Form (Cash, Check, etc.)			
4753 Coachford Dr		Columbus, OH		7069			
State		Zip Code					
OH		43231					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
STEVE KEEKE		SELF-EMPLOYED		09	30	07	\$100.00
Street Address		City		Form (Cash, Check, etc.)			
812 Bluffview Dr.		Columbus		2831			
State		Zip Code					
OH		43235					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Regina Douglas		SOCIAL WORKER		09	29	07	\$50
Street Address		City		Form (Cash, Check, etc.)			
3212 Cannock Ln		Columbus		8644			
State		Zip Code					
OH		43219					

* 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

\$500.00
\$0.00
Page Total \$