

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				Registration Number, if PAC	
Dorothy CAGE					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
0360 Sunbury Rd	Retired	0	9	23	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43219	8101		
Full Name of Contributor				Registration Number, if PAC	
Bonita Richardson					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1078 HERRIMAN Cir. N.	APT H - UNKNOWN	0	9	23	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43220	119		
Full Name of Contributor				Registration Number, if PAC	
DAVID HARRISON					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3107 Adirondack Ave.	MANAGER	0	9	23	\$50
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43231	1247		
Full Name of Contributor				Registration Number, if PAC	
CHERYL J. PARKER					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
6233 WINDBROOK DR.	HOMEMAKER	0	9	23	\$50
City	State	Zip Code	Form (Cash, Check, etc.)		
BLACKICK	OH	43004	5447		
Full Name of Contributor				Registration Number, if PAC	
Bonita Ward					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
7763 CROMWELL ENID	UNKNOWN	0	9	23	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)		
NEW ALBANY	OH	43054	3917		
Full Name of Contributor				Registration Number, if PAC	
HENRY EDANS					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
6644 FEDER Rd	UNKNOWN	0	9	23	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Galloway	OH	43119	4369		
Full Name of Contributor				Registration Number, if PAC	
CHARLES MONTGOMERY					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
810 S. Ashburton Rd	UNKNOWN	0	9	23	\$100
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43227	1354		

* 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

\$550.00

Page Total \$

\$0.00