

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
FRIENDS TO ELECT PERKINS					
Full Name of Contributor			Registration Number, if PAC		
VALERIE M. BANKS					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1232 Haddon Road	Education	09	29	07	\$30.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus OHIO	OH	43209	1372		
Full Name of Contributor			Registration Number, if PAC		
TENE NASH					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
730 S. 9th Street	FINANCE FINANCE	09	29	07	\$20
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43206	1843		
Full Name of Contributor			Registration Number, if PAC		
DONNA TURNER					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2089 Clipper Park Rd		09	28	07	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Baltimore, MD	OH	21211-1406	550		
Full Name of Contributor			Registration Number, if PAC		
CHERYL GRICE					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3303 JOES WAY	INSURANCE AGENT	09	29	07	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43223	2139		
Full Name of Contributor			Registration Number, if PAC		
Charlotte Carter					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4753 Coachford Dr	Retired Education	09	29	07	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus, OH	OH	43231	7069		
Full Name of Contributor			Registration Number, if PAC		
Steve Kecke					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
812 Bluffview Dr.	SELF-EMPLOYED	09	30	07	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43235	2831		
Full Name of Contributor			Registration Number, if PAC		
Regina Douglas					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3212 Cannock Ln	SOCIAL WORKER	10	01	07	\$50
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43219	8644		

* 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 \$

\$500.00

\$0.00