

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 RONALD WILLIAMS				Registration Number, if PAC	
Street Address 238 CHERRYSTONE DRIVE N.		Employer/Occupation/Labor Organization* UNKNOWN		M D Y 09 23 07	Amount \$25
City Columbus	State OH	Zip Code 43230		Form (Cash, Check, etc.) 14315	
Full Name of Contributor DREMA PRICE				Registration Number, if PAC	
Street Address 2656 MITZI DR.		Employer/Occupation/Labor Organization* UNKNOWN		M D Y 09 24 07	Amount \$100.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) 8844	
Full Name of Contributor MARK HILL				Registration Number, if PAC	
Street Address 5634 CHRESHEN AVE.		Employer/Occupation/Labor Organization* UNEMPLOYED		M D Y 09 23 07	Amount \$7
City Columbus	State OH	Zip Code 43230		Form (Cash, Check, etc.)	
Full Name of Contributor JOYCE SMITH				Registration Number, if PAC	
Street Address 1756 N. STAR RD		Employer/Occupation/Labor Organization* Church Administrator		M D Y 10 01 07	Amount \$50.00
City Columbus Ohio	State OH	Zip Code 43212		Form (Cash, Check, etc.) 815	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code		Form (Cash, Check, etc.)	

* 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

732.00
\$0.00

Total expenditures this event.

200.00
\$0.00

182.00
~~120.00~~
 Page Total \$ 00.00