

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends For Porter Committee					
Full Name of Contributor Chad R Williams				Registration Number, if PAC	
Street Address 2920 Bryden Rd	Employer/Occupation/Labor Organization* Westin		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43209	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Kenneth A Jenkins				Registration Number, if PAC	
Street Address 2920 Bryden Rd	Employer/Occupation/Labor Organization* Chiropractor		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43209	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Aundrea Cordle				Registration Number, if PAC	
Street Address 802 King St	Employer/Occupation/Labor Organization* Fairfield County		M 0	D 3	Y 2
City Lancaster	State O	Zip Code 43130	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Marilyn T Brown				Registration Number, if PAC	
Street Address 78 W Hubbard Ave	Employer/Occupation/Labor Organization* Mid-Ohio Regional Plannir		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43245	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeptha Paul				Registration Number, if PAC	
Street Address 999 Thetford Ct	Employer/Occupation/Labor Organization* Pristine Planning		M 0	D 3	Y 2
City Westerville	State O	Zip Code 43081	Amount 25.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Ted Barrows				Registration Number, if PAC	
Street Address 4834 Sarasota Dr	Employer/Occupation/Labor Organization* Judge		M 0	D 3	Y 2
City Hilliard	State O	Zip Code 43206	Amount 350.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Melissa Daley				Registration Number, if PAC	
Street Address 6580 St Mary's Rd	Employer/Occupation/Labor Organization* self		M 0	D 3	Y 2
City Nashport	State O	Zip Code 43830	Amount 200.00	Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 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
3,180.00

Total expenditures this event
411.94

Page Total \$ **825.00**