

Statement of Contributions Received

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | | |
|---|--|---------------------|---|--------------------------|--|-----------------------------|--|-----------------|--|-----------------|--|---------------------------|--|
| Name of Committee in Full Friends For Porter Committee | | | | | | | | | | | | | |
| Full Name of Contributor Derek Hertl | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 4607 Wuertz Ct | | | Employer/Occupation/Labor Organization OSU | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Dublin | | State O H | | Zip Code 43016 | | M 0 3 | | D 2 8 | | Y 0 5 | | Amount 50.00 | |
| Full Name of Contributor Rose T Craig | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 2493 Delowe St | | | Employer/Occupation/Labor Organization Make A Wish Foundation | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Grove City | | State O H | | Zip Code 43123 | | M 0 3 | | D 0 3 | | Y 0 5 | | Amount 100.00 | |
| Full Name of Contributor Total Contributions From Form 31-E | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | | | | | |
| City | | State | | Zip Code | | M 0 2 | | D 1 1 | | Y 0 5 | | Amount 2,715.00 | |
| Full Name of Contributor Total Contributions From Form 31-E | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | | | | | |
| City | | State | | Zip Code | | M 0 3 | | D 2 4 | | Y 0 5 | | Amount 3,180.00 | |
| Full Name of Contributor Total Contributions From Form 31-E | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | | | | | |
| City | | State | | Zip Code | | M 0 4 | | D 0 7 | | Y 0 5 | | Amount 900.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | | | | | |
| City | | State | | Zip Code | | M | | D | | Y | | Amount 0.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | | | | | |
| City | | State | | Zip Code | | M | | D | | Y | | Amount 0.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | | | | | | |
| City | | State | | Zip Code | | M | | D | | Y | | Amount 0.00 | |

* Required for contributions 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)