

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 Eve Melinda Ellinger				Registration Number, if PAC	
Street Address 4945 Albany MDW	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43081	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Marcia Roeder				Registration Number, if PAC	
Street Address 2384 Bloxom St	Employer/Occupation/Labor Organization* Youth & Family Services		M 0	D 3	Y 2
City Grove City	State O	Zip Code 43123	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Susan Ashbrook				Registration Number, if PAC	
Street Address 2994 Crescent Dr	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43204	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Becky A Westerfelt				Registration Number, if PAC	
Street Address 161 S. Brinker Ave	Employer/Occupation/Labor Organization* Huckleberry House		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43204	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Eileen Paley				Registration Number, if PAC	
Street Address 668 Bellamy Pl	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43213	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey Weber				Registration Number, if PAC	
Street Address 110 N Third St 402	Employer/Occupation/Labor Organization* Bricker & Eckler		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43215	Amount 25.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jerry L. Johnson				Registration Number, if PAC	
Street Address 3048 Crescent Dr	Employer/Occupation/Labor Organization* City Center		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43204	Amount 250.00	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

30.00

Page Total \$ 575.00