Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends for Porter						
Full Name of Contributor			Registra	ation Num	her if PA	·
George Calloway			1/40.0	Mon 1 . mi-		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
5764 Old Trail Ct.		Attorney			I	Check
City	State	Zip Code	M	T D	Y	Amount
Columbus	OH	43213		2 8		
Full Name of Contributor Registration Number, if PAC						
Marlene Lynn			1			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
7725 Kelvinway Dr.		1			Check	
City	State	Zip Code	M	D	Y	Amount
Worthington	ОН	43085	1 0	2 7	0 5	20.00
Full Name of Contributor		Registration Number, if PA				
George McCue						
Street Address	Employer/Occup	oation/Labor Organization*	-			Form (Cash, Check, etc.)
4598 Bridle Path Lane	Attorne [,]	Attorney				Check
City	State	Zip Code	М	þ	Y	Amount
Dublin	ОІН	43017	1 1	0 4	0 5	250.00
Full Name of Contributor				ation Num		
Emma VanMeter			l			
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
Box 1032, 49 Vanmeter Rd.					Check	
City	State	Zip Code	М	D	Y	Amount
Piketon	ОН	45661	1 1	0 7	0 5	25.00
Full Name of Contributor				ation Num		
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
						<u> </u>
City	State	Zip Code	M	D	Y	Amount
		<u> </u>				
Full Name of Contributor			Registra	ation Num	ber, if PA	vC
			1			
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, e				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
						<u> </u>
Full Name of Contributor			Registra	ation Num	iber, if PA	ıC
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
		1			<u> </u>	<u> </u>
Full Name of Contributor Registration Number, if PAC					īC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
				1	1 !	

Page Total \$	495.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]