

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Porter Committee					
Full Name of Contributor Robert Gladden				Registration Number, if PAC	
Street Address 634 Munsore		Employer/Occupation/Labor Organization* North Valley Bank		M 0	D 8
City Zanesville		State O H		Y 1	Amount 500.00
		Zip Code 43701		Form(Cash,Check,etc) check	
Full Name of Contributor James Abrams				Registration Number, if PAC	
Street Address 7643 Goodrich Sq S		Employer/Occupation/Labor Organization* Attorney		M 0	D 8
City New Albany		State O H		Y 1	Amount 200.00
		Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor Gregory Cordle				Registration Number, if PAC	
Street Address 802 King St		Employer/Occupation/Labor Organization* IS Manager		M 0	D 8
City Lancaster		State O H		Y 1	Amount 250.00
		Zip Code 43130		Form(Cash,Check,etc) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		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 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

Total expenditures this event

Page Total \$ 950.00