

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 YEMC Law Offices				Registration Number, if PAC	
Street Address 600 S High St, Ste 204	Employer/Occupation/Labor Organization* Law Firm		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43215	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Rosalyn Stith				Registration Number, if PAC	
Street Address 47 N Miami Ave Apt A	Employer/Occupation/Labor Organization* Retired		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43203	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Lori M Tyack				Registration Number, if PAC	
Street Address 947 Clubview Blvd North	Employer/Occupation/Labor Organization* Tyack & Pausch		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43235	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor A Taste of Ohio, LLC				Registration Number, if PAC	
Street Address 738 Wheeling Ave	Employer/Occupation/Labor Organization* Sales		M 0	D 3	Y 2
City Cambridge	State O	Zip Code 43725	Amount 40.00	Form(Cash, Check, etc) Check	
Full Name of Contributor M Elizabeth Gill				Registration Number, if PAC	
Street Address 90 E Mithoff	Employer/Occupation/Labor Organization* Baker & Hostetler		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43206	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Carol A Wright				Registration Number, if PAC	
Street Address 318 Berger Alley	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43206	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Susan E Brown				Registration Number, if PAC	
Street Address 2377 Bloxom St	Employer/Occupation/Labor Organization* National City Bank		M 0	D 3	Y 2
City Grove City	State O	Zip Code 43123	Amount 50.00	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 \$ **390.00**