

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 Scott C Preston				Registration Number, if PAC	
Street Address 1329 Fowler Dr	Employer/Occupation/Labor Organization* Construction		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43224	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor LeNan Empey				Registration Number, if PAC	
Street Address 34 S Roys Ve	Employer/Occupation/Labor Organization* self		M 0	D 3	Y 2
City COLumbus	State O	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Eric S Hutchinson				Registration Number, if PAC	
Street Address 1323 Fowler Dr	Employer/Occupation/Labor Organization* Banc One		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43224	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Holly True Shaver				Registration Number, if PAC	
Street Address 281 Stewart Ave	Employer/Occupation/Labor Organization* State of Ohio		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jack L Travis				Registration Number, if PAC	
Street Address 4261 Morse Rd	Employer/Occupation/Labor Organization* Realtor		M 0	D 3	Y 2
City Gahanna	State O	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor David L Johnson				Registration Number, if PAC	
Street Address 4441 Midvale Rd	Employer/Occupation/Labor Organization* ADT		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43224	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Aman Mehra				Registration Number, if PAC	
Street Address 9240 Marlebury End	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 3	Y 2
City Powell	State O	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 50.00

* 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 \$ 450.00