

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 Shawnda L Hodgson			Registration Number, if PAC		
Street Address 290B Sycamore	Employer/Occupation/Labor Organization* Merck	M 0	D 7	Y 3	Amount 25.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check		
Full Name of Contributor Donald J Lansdale			Registration Number, if PAC		
Street Address 1083 City Park Ave Apt A	Employer/Occupation/Labor Organization* Sales rep	M 0	D 7	Y 3	Amount 25.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check		
Full Name of Contributor Sara E Ernest			Registration Number, if PAC		
Street Address 271 S Champion Ave	Employer/Occupation/Labor Organization* Stonewall	M 0	D 7	Y 3	Amount 25.00
City Columbus	State O H	Zip Code 43205	Form(Cash,Check,etc) check		
Full Name of Contributor Greg A Sours			Registration Number, if PAC		
Street Address 2396 Lyncross St	Employer/Occupation/Labor Organization* sales	M 0	D 7	Y 3	Amount 100.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) check		
Full Name of Contributor William Mains MD			Registration Number, if PAC		
Street Address 179 E Deshler Ave	Employer/Occupation/Labor Organization* Physician	M 0	D 7	Y 3	Amount 100.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check		
Full Name of Contributor Chad R Williams			Registration Number, if PAC		
Street Address 2920 Bryden Rd	Employer/Occupation/Labor Organization* Westin	M 0	D 7	Y 3	Amount 100.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) check		
Full Name of Contributor Michael D Boggs			Registration Number, if PAC		
Street Address 3226 Indianola Ave	Employer/Occupation/Labor Organization* HNB	M 0	D 7	Y 3	Amount 100.00
City Columbus	State O H	Zip Code 43202	Form(Cash,Check,etc) check		

* 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 \$ 475.00