

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 Jacqueline Kemp | | | | Registration Number, if PAC | |
| Street Address 5021 Common Market Place | Employer/Occupation/Labor Organization* attorney | | M 0 | D 9 | Amount 25.00 |
| City Dublin | State O | Zip Code 43016 | Y 1 | Form(Cash,Check,etc) check | |
| Full Name of Contributor Amy McKinlay | | | | Registration Number, if PAC | |
| Street Address 6579 Clay Court East | Employer/Occupation/Labor Organization* attorney | | M 0 | D 9 | Amount 25.00 |
| City Canal Winchester | State O | Zip Code 43110 | Y 1 | Form(Cash,Check,etc) check | |
| Full Name of Contributor Holly True Shaver | | | | Registration Number, if PAC | |
| Street Address 281 Stewart Ave | Employer/Occupation/Labor Organization* attorney | | M 0 | D 9 | Amount 25.00 |
| City Columbus | State O | Zip Code 43206 | Y 1 | Form(Cash,Check,etc) check | |
| Full Name of Contributor Paul Daniel Ritter Jr | | | | Registration Number, if PAC | |
| Street Address 65 E State St | Employer/Occupation/Labor Organization* attorney | | M 0 | D 9 | Amount 60.00 |
| City Columbus | State O | Zip Code 43215 | Y 1 | Form(Cash,Check,etc) check | |
| Full Name of Contributor Mike Anthony | | | | Registration Number, if PAC | |
| Street Address 555 South Front St | Employer/Occupation/Labor Organization* attorney | | M 0 | D 9 | Amount 75.00 |
| City Columbus | State O | Zip Code 43215 | Y 1 | Form(Cash,Check,etc) check | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Amount |
| City | State | Zip Code | Y | Form(Cash,Check,etc) | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Amount |
| City | State | Zip Code | Y | 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 \$ 210.00