

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends For Porter Committee													
Full Name of Contributor John Lowe IV						Registration Number, if PAC							
Street Address 362 Piedmont Rd			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43214		M 0		D 4		Y 2		Amount 200.00	
Full Name of Contributor Lawrence F Feheley						Registration Number, if PAC							
Street Address 843 Old Woods Rd			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) check						
City West Worthington		State O H		Zip Code 43235		M 0		D 4		Y 2		Amount 50.00	
Full Name of Contributor Richard Pettit						Registration Number, if PAC							
Street Address 874 Mohawk			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43206		M 0		D 4		Y 2		Amount 500.00	
Full Name of Contributor Andrew W Whapman						Registration Number, if PAC							
Street Address 2391 Lyncross St			Employer/Occupation/Labor Organization* LW Associates				Form (Cash, Check, etc.) check						
City Grove City		State O H		Zip Code 43123		M 0		D 5		Y 0		Amount 50.00	
Full Name of Contributor Kathy Owens						Registration Number, if PAC							
Street Address 2550 Tucker Trail			Employer/Occupation/Labor Organization* City of Columbus				Form (Cash, Check, etc.) check						
City Lewis Center		State O H		Zip Code 43035		M 0		D 5		Y 1		Amount 100.00	
Full Name of Contributor Friends For Thomas						Registration Number, if PAC							
Street Address 41 S High St Ste 2600			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43215		M 0		D 4		Y 2		Amount 250.00	
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC							
Street Address 			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) 						
City 		State 		Zip Code 		M 		D 		Y 		Amount 335.00	
Full Name of Contributor 						Registration Number, if PAC							
Street Address 			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) 						
City 		State 		Zip Code 		M 		D 		Y 		Amount 	

* 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)]

Page Total \$ 1,485.00