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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Friends For Porter Committee					_				
Full Name of Contributor					ration	ı Numb	er, if PA	С	
John Lowe IV				1	_	_			
Street Address	Employe	r/Occupa	tion/Labor Organization*	-				Form (Cash, Check	(, etc.)
362 Piedmont Rd	1	orney			_	_		check	
City			Zip Code	М	T	D	Y	Amount	
Columbus	0	Н	43214	0 4	1 2	2 6	0   5		200.00
Full Name of Contributor							ber, if PA	C	
Lawrence F Feheley									
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
843 Old Woods Rd	Att	Attorney						check	
City	St	ate	Zip Code	M D Y				Amount	<b>-</b>
West Worthington	0	Н	43235	0 4	_	2 2	0 5		50.00
Full Name of Contributor				Regist	ratio	n Numl	ber, if PA	ıC	
Richard Pettit									
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash, Check	k, etc.)
874 Mohawk	Ret	Retired						check	
City	St	tate	Zip Code	М		D	Y	Amount	P00 00
Columbus	0	H	43206	_	_	2 2			500.00
Full Name of Contributor				Regist	tratio	n Num	ber, if PA	AC	
Andrew W Whapman								Ir. (0 1 h	· · ·
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check	κ, etc.)
2391 Lyncross St		LW Associates					1	check	
City		tate	Zip Code	M	_1.	D O I O	Y	Amount	E0 00
Grove City	0	H	43123			0 2			50.00
Full Name of Contributor				Regist	tratio	n Num	ber, if PA	10	
Kathy Owens								Form (Cash, Chec	k eta \
Street Address		Employer/Occupation/Labor Organization*							к, си.ј
2550 Tucker Trail			Columbus	1		P.	T v	check	
City	l l	tate	Zip Code	M	_   _	D 1 ΙΩ	Y	Amount	100.00
Lewis Center	10	H	43035			1 9	0 5 ober, if PA		100.00
Full Name of Contributor				Kegis	uallo	ar inum	ioci, ii P		
Friends For Thomas								Form (Cash, Chec	k, etc )
Street Address	Employ	Employer/Occupation/Labor Organization*						check	
41 S High St Ste 2600	<del></del>	itate	Zip Code	М	_	D	ΙΥ	Amount	
City		H	43215		۱,		0 5		250.00
Columbus	10	1 11	70410				ber, if PA		
Full Name of Contributor		14.		l.cgis	_,	_, , , 4111	, 44 4 1		
Contributions from Form 31-E	Employer/Occupation/Labor Organization*							Form (Cash, Chec	k, etc.)
Street Address	Етрюу	Employer/Occupation/Labor Organization*						1	. ,
	-	State	Zip Code	М	$\neg$	D	Y	Amount	
City	"				1	1			335.00
				Regio	tratio	on Nur	nber, if P	AC	
Full Name of Contributor					**		, = 1		
Curat Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	k, etc.)	
Street Address	Employer/Occupation Easter Organization							1	•
Circ	-	State	Zip Code	М	$\neg \top$	D	Y	Amount	<del></del> -
City						-			
		<del></del>	ideter If contributor is self am	alarrad th	<u></u>		n and the	name of the	

\* 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