Doga	1
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2,250.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						· · · · · · · · · · · · · · · · · · ·			
Friends For Porter									
Full Name of Contributor					Registration Number, if PAC				
Helen Ninos									
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
891 Dark Star Ave	Attorney	1 '. '				check			
City	State				Y	Amount			
Gahanna	OH	43230	0 9	0 7	0 5		50.00		
Full Name of Contributor Registration Number, if PA						С			
Kegler, Brown, Hill & Ritter PAC CP64									
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
65 E State St Ste 1800	Law Firr	Law Firm PAC				check			
City		Zip Code	М	D	Y	Amount			
Columbus	ОН	43215	1110	1 7	0 5		500.00		
Full Name of Contributor				tion Num		C	"		
Franklin County Democratic Lawyer	s PAC			OH1164					
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
	PAC	I .				check			
1141 S High St	State	Zip Code	М	D	Y	Amount			
Columbus	OH	43206	1 0				500.00		
	0 1-	40200				C			
Full Name of Contributor Registration Number, if PAC									
Michael Scoliere Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
	1 1 1	_				check			
5080 Tuttle Crossing Blvd ste 340	Attorney	Zip Code	М	D	Y	Amount			
City	State O H	1 -				Amount	250.00		
Dublin	OH	43016		1 3		<u></u>	230.00		
Full Name of Contributor Registration Number, if PAC									
Jean Zatezalo						- (0.1.6)			
Street Address	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1176 Harrison Pond Dr	Paralega			check					
City	State	Zip Code	М	D	Y	Amount	050.00		
New Albany	OH	43054	1 0		0 5	<u>L</u>	250.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Si Sokol									
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
2346 Fishinger Rd	Attorney	Attorney				check	···		
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43221	0 7	2 7	0 5]	250.00		
Full Name of Contributor	Registration Numb								
Bricker & Eckler LLP State PAC				OH 821					
Street Address	Employer/Occup				Form (Cash, Ch	neck, etc.)			
100 S Third St	PAC	PAC				check			
City	State	Zip Code	М	D	Y	Amount			
Columbus	OH	43215	8 B H	1 2	0 5		250.00		
Full Name of Contributor Registration Number, if PA						VC			
Columbus Apartment Association OH 148									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1225 Dublin Rd		PAC			check				
City	State	Zip Code	М	D	Y	Amount			
II •	ОН	43215	0 8	ì	0 5		200.00		
Columbus		30410	1010	<u> </u>	1010	nome 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 \$