

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends For Porter					
Full Name of Contributor Natalie C. Trishman			Registration Number, if PAC		
Street Address 110 N Third St Unit 204	Employer/Occupation/Labor Organization* Bricker & Eckler		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43215	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Simone Morgen			Registration Number, if PAC		
Street Address 38 W Tulane Rd	Employer/Occupation/Labor Organization* State of Ohio		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43202	Amount 10.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Tiffany C Miller			Registration Number, if PAC		
Street Address 5296 Timberline Rd	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43220	Amount 25.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Rosemary T Craig			Registration Number, if PAC		
Street Address 2493 Delowe St	Employer/Occupation/Labor Organization* Make A Wish Foundation		M 0	D 3	Y 2
City Grove City	State O	Zip Code 43123	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Ned S Marburger			Registration Number, if PAC		
Street Address 407 Whittier St	Employer/Occupation/Labor Organization* Instructor		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43206	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Otto Beatty III			Registration Number, if PAC		
Street Address 600 South Grant Ave	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43206	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Christie Angel			Registration Number, if PAC		
Street Address 600 S. Grant Ave	Employer/Occupation/Labor Organization* SBC		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43206	Amount 50.00	Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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

3,180.00

Total expenditures this event

411.94

Page Total \$ **570.00**