

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 Committee					
Full Name of Contributor Malinda Susalla				Registration Number, if PAC	
Street Address 1 Miranova Place	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Diane Lazor				Registration Number, if PAC	
Street Address 2396 Lyncross St	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Grove City	State O	Zip Code H 43123	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Kelly O'Reilly Anzelmo				Registration Number, if PAC	
Street Address 446 Havland Dr	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1105
City Gahanna	State O	Zip Code H 43230	Form(Cash,Check,etc) check		Amount 200.00
Full Name of Contributor R. Keith Kerns				Registration Number, if PAC	
Street Address 1153 Wyandotte Rd	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code H 43212	Form(Cash,Check,etc) Check		Amount 350.00
Full Name of Contributor Stephanie Union				Registration Number, if PAC	
Street Address 549 Poe Ave	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Worthington	State O	Zip Code H 43085	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mark Reitz				Registration Number, if PAC	
Street Address 546 Fallis Rd	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code H 43214	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Allen Handlan				Registration Number, if PAC	
Street Address 65 E. State St	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		Amount 100.00

* 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

2,715.00

Total expenditures this event

30.00

Page Total \$ 1,100.00