

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 Robert McCoy				Registration Number, if PAC	
Street Address 4110 Cypress Ave	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Grove City	State O	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor John Brody				Registration Number, if PAC	
Street Address 65 East State St	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Paul Daniel Ritter				Registration Number, if PAC	
Street Address 65 East State St	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Stephen Barsotti				Registration Number, if PAC	
Street Address PO Box 06616	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor David Hoeffel				Registration Number, if PAC	
Street Address 1443 Cliff Court Apt C	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Roger Sugarman				Registration Number, if PAC	
Street Address 6025 Cranberry Court	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Dan Hilson				Registration Number, if PAC	
Street Address 4266 Vaux Link	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1105
City New Albany	State O	Zip Code 43054	Form(Cash,Check,etc) Check		Amount 200.00

* 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 \$ 925.00