

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 Scott J Varner				Registration Number, if PAC	
Street Address 1002 Hunter Ave	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jayne Patricia Moore				Registration Number, if PAC	
Street Address 1632 Bryden Rd	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43205	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Lorraine Siegworth				Registration Number, if PAC	
Street Address 2117 Wesleyan Dr	Employer/Occupation/Labor Organization* Nationwide		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor David Hodge				Registration Number, if PAC	
Street Address 253 Kossuth St	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Molly Miller				Registration Number, if PAC	
Street Address 653 Farrington	Employer/Occupation/Labor Organization* AEP		M 0	D 3	Y 2
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 370.00