

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends For Porter Committee					
Full Name of Contributor Steve O. Campbell				Registration Number, if PAC	
Street Address 250 East Stewart Ave Apt D		Employer/Occupation/Labor Organization* Self-employed		M D Y 0 4 2 1 0 5	Amount 35.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) check	
Full Name of Contributor Thomas C. Tootle				Registration Number, if PAC	
Street Address 5971 Hildenboro Dr		Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 2 1 0 5	Amount 50.00
City Dublin		State O H	Zip Code 43017	Form(Cash,Check,etc) check	
Full Name of Contributor James P Connors				Registration Number, if PAC	
Street Address 221 S High St		Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 2 1 0 5	Amount 50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check	
Full Name of Contributor John Ernest				Registration Number, if PAC	
Street Address 1169 Katy Meadow Court		Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 2 1 0 5	Amount 50.00
City Fairborn		State O H	Zip Code 45324	Form(Cash,Check,etc) check	
Full Name of Contributor SYNC Consulting Group LTD				Registration Number, if PAC	
Street Address 1138 Cleveland Ave		Employer/Occupation/Labor Organization* LTD		M D Y 0 4 2 1 0 5	Amount 50.00
City Columbus		State O H	Zip Code 43201	Form(Cash,Check,etc) check	
Full Name of Contributor Chris Corso				Registration Number, if PAC	
Street Address 87 W Main St		Employer/Occupation/Labor Organization* Self Employed		M D Y 0 4 2 1 0 5	Amount 100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

* 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)]

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

235.00

Total expenditures this event

Page Total \$ 335.00