29-05
12

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05						
Name of Committee in Full								
Friends for Porter Committee			In anieta	tion Niv	or if DA		· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor				Registration Number, if PAC				
D. Cox	Jr1	ation/Labor Organization#	М	D	Y	Amount		
Street Address	Employer/Occupation/Labor Organization*			0 1		1 HIROMIN	100.00	
2397 Lyncross St	attorney State Zip Code					L	100.00	
City City	OH	43123		Form(Cash,Check,etc) Check				
Grove City	() 11 45125			Registration Number, if PAC				
Full Name of Contributor			Rogiona		o • 1, 11 1 1 1			
Christina Corl Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
	I			2 9			35.00	
5971 Olentangy River Rd	State Zip Code			ash,Check		<u> </u>		
Worthington	OH	43085		check	ζ.			
Full Name of Contributor			Registration Number, if PAC					
1 di Palie di Communi								
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
	State	Zip Code	Form(C	ash,Checl	(etc)	<u>!</u>		
City	State	Zip Code	Tomic	asii, Checi	.,			
Full Name of Contributor			Registra	ition Num	ber, if PA	AC .		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					
Full Name of Contributor			Registra	tion Num	ber, if PA	AC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
Full Name of Contributor		-	Registr	ation Nun	ber, if PA	AC		
	- I- i- io		- , -	T D	Y	Amount		
Street Address	Employer/Occup	pation/Labor Organization*	M			Amount		
City	State	Zip Code	Form(Cash,Check,etc)					
Full Name of Contributor			Registr	ation Nun	nber, if P	AC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
	Start	Zin Code	Form(C	ash Chec	k etc)	1		
City	State	Zip Code	ronn(C	Form(Cash,Check,etc)				

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	Total expenditures this event	
	[Page Total \$ 135.00
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^{*} 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)]