

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 Eric Hutchison			Registration Number, if PAC	
Street Address 1323 Fowler Dr	Employer/Occupation/Labor Organization* Chase		M D Y 1 0 1 3 0 5	Amount 35.00
City Columbus	State O H	Zip Code 43224	Form(Cash,Check,etc) check	
Full Name of Contributor Dorothy Brownley			Registration Number, if PAC	
Street Address 300 E Sycamore St	Employer/Occupation/Labor Organization* Attorney		M D Y 1 0 1 2 0 5	Amount 35.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check	
Full Name of Contributor Fred Holdridge			Registration Number, if PAC	
Street Address 763 S Third Ave	Employer/Occupation/Labor Organization* Attorney		M D Y 1 0 0 9 0 5	Amount 35.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check	
Full Name of Contributor Kenneth A Jenkins DC			Registration Number, if PAC	
Street Address 2920 Bryden Rd	Employer/Occupation/Labor Organization* Chiropractor		M D Y 1 0 1 3 0 5	Amount 70.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) check	
Full Name of Contributor Scott J Varner			Registration Number, if PAC	
Street Address 1002 Hunter Ave	Employer/Occupation/Labor Organization* City of Columbus		M D Y 1 0 1 3 0 5	Amount 40.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) check	
Full Name of Contributor John P Brody			Registration Number, if PAC	
Street Address 1894 King Ave	Employer/Occupation/Labor Organization* Attorney		M D Y 1 0 1 3 0 5	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) check	
Full Name of Contributor Patsy Ann Thomas			Registration Number, if PAC	
Street Address 5689 Plum Orchard Dr	Employer/Occupation/Labor Organization* Attorney		M D Y 1 0 1 4 0 5	Amount 200.00
City Columbus	State O H	Zip Code 43213	Form(Cash,Check,etc) check	

* 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

Total expenditures this event

Page Total \$ 515.00