

Event Date	10/13/05 #####
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends for Porter Committee								
To Whom Paid Jeff Porter					M	D	Y	Amount
					1	0	1	0
					0	0	5	740.00
Address 2528 Bloxom St		Purpose stamps						
City Grove City		State O H		Zip Code 43123		Check Number 122		
To Whom Paid Sue Hazelton					M	D	Y	Amount
					1	0	1	0
					0	0	5	28.52
Address 446 Brookhaven Pl		Purpose food						
City Circleville		State O H		Zip Code 43113		Check Number 123		
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code		Check Number		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	768.52
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