

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 Joe Moyer			Registration Number, if PAC	
Street Address 469 Delegate	Employer/Occupation/Labor Organization* Moyer Financial Group		M D Y 0 7 3 0 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) cash	
Full Name of Contributor Michael Council			Registration Number, if PAC	
Street Address 130 Buttles Ave	Employer/Occupation/Labor Organization* real estate		M D Y 0 7 3 0 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) cash	
Full Name of Contributor Steve Shellabarger			Registration Number, if PAC	
Street Address 948 Neil Ave	Employer/Occupation/Labor Organization* self		M D Y 0 7 3 0 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) cash	
Full Name of Contributor Don Geiner			Registration Number, if PAC	
Street Address 934 1/2 Neil Ave	Employer/Occupation/Labor Organization* Stonewall		M D Y 0 7 3 0 0 5	Amount 40.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) cash	
Full Name of Contributor Anthony Cheneby			Registration Number, if PAC	
Street Address 1015 Highland St	Employer/Occupation/Labor Organization* Limited Brand		M D Y 0 7 3 0 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) cash	
Full Name of Contributor Norina Wolfe			Registration Number, if PAC	
Street Address 485 Columbia Pl	Employer/Occupation/Labor Organization* retired		M D Y 0 7 3 0 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) cash	
Full Name of Contributor Ned Marburger			Registration Number, if PAC	
Street Address 407 E Whittier	Employer/Occupation/Labor Organization* Doctors Hospital		M D Y 0 7 3 0 0 5	Amount 20.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) cash	

* 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 \$ 310.00