31-E R.C. 3517.10(B)

Event Date	09-29-05
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Seco	retary of State 3/05						
Name of Committee in Full								
Friends for Porter Committee			Periotes	tion Mine	her if DA	\C		
Full Name of Contributor				Registration Number, if PAC				
David S Bloomfield Jr	Employer/Occurs	tion/Labor Organization*	M	D	ΙΥ	Amount		
Street Address	Employer/Occupation/Labor Organization*		4	2 9			35.00	
2606 Camden Rd	attorney State Zip Code			Form(Cash,Check,etc)				
City Columbus	O H	43221	ì	check				
Full Name of Contributor	10 11			Registration Number, if PAC				
John B Tingley								
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount		
834 Lynbrook Rd	attorney		0 9	2 7	0 5		35.00	
City	State	Zip Code		ash,Chec	. ,			
Columbus	$O \mid H$	43235		chec				
Full Name of Contributor			Registra	ation Nun	nber, if P	AC		
Isaac, Brant, Ledman & Teetor LLP								
Street Address	1	ation/Labor Organization*	M	D	Y	Amount	250.00	
250 East Broad	Attorney		0 9	2 7	0 5	1	250.00	
City	State	Zip Code		ash,Chec				
Columbus	OH	43215		chec		A.C.		
Full Name of Contributor			Kegistra	ation Nur	nber, if P	nc nc		
Scyld Anderson	In 1 10	stian/Labor Organization*	М	D	ΙΥ	Amount		
Street Address	Employer/Occupation/Labor Organization*						100.00	
208 Winthrop Rd	Attorney State Zip Code			0 9 2 7 0 5 100.00 Form(Cash, Check, etc)				
City	State H	43214	l onne	chec	, ,			
Columbus	1 0 11	40214	Registr	Registration Number, if PAC				
Full Name of Contributor					,			
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
Bucci Addition						1	0.00	
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
,								
Full Name of Contributor			Registr	ation Nu	mber, if P	AC		
Street Address	Employer/Occup	oation/Labor Organization*	M	D	Y	Amount	0.00	
							0.00	
City	State	Zip Code	Form(C	Cash,Che	ck,etc)			
			<u> </u>					
Full Name of Contributor			Registr	ration Nu	mber, if P	AC		
	Employer/Occupation/Labor Organization*		- м	D	Y	Amount		
Street Address	Employer/Occupation/Labor Organization*		"	1 5	Ηî	1	0.00	
	State	Zip Code	Form(Cash,Che	ck,etc)		0.00	
City	Jake	- P		,	, ,			
				_		a mama aftha		

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 \$ 420.00

^{*} 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)]