

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 Andy Emerson			Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 9 0 5	Amount 40.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) cash	
Full Name of Contributor Therese A McGuire			Registration Number, if PAC	
Street Address 98 Blenheim Rd	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 9 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) check	
Full Name of Contributor Allison Witt			Registration Number, if PAC	
Street Address 910 Northwest Blvd	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 9 0 5	Amount 35.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) check	
Full Name of Contributor Michael J Madigan			Registration Number, if PAC	
Street Address 11842 Joy Acres	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 9 0 5	Amount 35.00
City Chardon	State O H	Zip Code 44024	Form(Cash,Check,etc) check	
Full Name of Contributor Stephen Christopher Barsotti			Registration Number, if PAC	
Street Address PO Box 06616	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 9 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check	
Full Name of Contributor Rebecca R Price			Registration Number, if PAC	
Street Address 5370 Wine Tavern Lane	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 9 0 5	Amount 50.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) check	
Full Name of Contributor Larry McClatchey			Registration Number, if PAC	
Street Address 3400 Watergate Ct	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 9 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43221	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 \$ 310.00