

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 Camelot Cellars						M 0	D 6	Y 0	Amount 164.00
Address 958 North High St			Purpose Columbus						
City Columbus			State O	H H	Zip Code 43201	Check Number 107			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	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.