31-F R.C. 3517.10

Event Date	3.24.05
Page	18

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				·		-	<u> </u>			
Friends For Porter Committee										
To Whom Paid			М	D	Y	Amount				
Barcelona	<del></del>		0 3	0 1	0 5	<u> </u>	100.00			
Address	Purpose	•.								
263 Whittier St	Event De	posit Zip Code	- Ia							
City	State	Check Number								
Columbus	ОН	43206		0002						
To Whom Paid			M	D	Y	Amount	011 04			
Barcelona Address	Purpose		0 3	2 4	0   5	<u> </u>	311.94			
	i									
263 Whittier St	State	Food State Zip Code				Check Number				
Columbus	1	43206	Check	101						
To Whom Paid	O   H	43200	M	D	Y	Amount				
Address	Purpose					<u> </u>				
City	State	Zip Code	Check 1	Number						
		1								
To Whom Paid	<u> </u>		М	D	Y	Amount				
				1						
Address	Purpose				L					
City	State	Zip Code	Check 1	Check Number						
To Whom Paid			М	D	Y	Amount				
					1					
Address	Purpose	Purpose								
City	State	Zip Code	Check Number							
To Whom Paid			M	D	Y	Amount				
Address	Purpose									
City	State	Zip Code	Check 1	Number						
					Т					
To Whom Paid			М	D	Y	Amount				
					Ш.	Ļ				
Address	Purpose									
		lz: o.l.	To:	· · · · · · · · · · · · · · · · · · ·						
City	State	Zip Code	Check 1	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 \$	411.94
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