3	1-	CC	
R	C	3517	1013

Page 3

Statement of Political Party Restricted Fund Deposits

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Friends for Porter										
Name of Donor Franklin County Democratic Party			Registr	ratio	n Nui	nber,	if PA	.C		
Street Address						_		Form (Cash, Check, etc.)		
271 E. State St.								Check		
City Columbus	State O H	Zip Code 43215	м 1 (۱,	D 2 ¤		y 5	Amount 3,000.00		
Name of Donor		10210	Registr							
Street Address								Form (Cash, Check, etc.)		
City	State	Zip Code	M		D	Τ	Y	Amount		
Name of Donor					Registration Number, if PAC					
								_		
Street Address								Form (Cash, Check, etc.)		
City	State	Zip Code	М		D	T	Y	Amount		
Name of Donor		 	Regist	ratio	n Nu	nber,	if PA	C		
Street Address		<u> </u>						Form (Cash, Check, etc.)		
City	State	Zip Code	М		D ·		Y	Amount		
Name of Donor	· · · · · · · · · · · · · · · · · · ·	<u></u>	Registr	ratio	n Nu	nber,	if PA	С		
Street Address								Form (Cash, Check, etc.)		
City	State	Zip Code	M	T	D	Τ	Y	Amount		
Name of Donor	,		Registi	ratio	n Nu	nber,	if PA	С		
Street Address								Form (Cash, Check, etc.)		
City	State	Zip Code	M		D 		Y 	Amount		
Name of Donor				Registration Number, if PAC						
Street Address	****							Form (Cash, Check, etc.)		
City	State	Zip Code	М	T	D		Y 	Amount		
Name of Donor	· , , ,	-	Registr	ratio	n Nu	nber,	if PA	C		
Street Address								Form (Cash, Check, etc.)		
City	State	Zip Code	М	Ī	D		Y	Amount		

Note: If committee received deposits from corporations or labor organizations, report must be filed electronically with secretary of state.

Page Total \$	3,000.00	