



# Statement of Political Party Restricted Fund Deposits

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Porter</b>									
Name of Donor <b>Franklin County Democratic Party</b>						Registration Number, if PAC			
Street Address <b>271 E. State St.</b>								Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O H</b>		Zip Code <b>43215</b>		M <b>1 0</b>		D <b>2 5</b>	
						Y <b>0 5</b>		Amount <b>3,000.00</b>	
Name of Donor						Registration Number, if PAC			
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		M		D	
								Y	
								Amount	
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City		State		Zip Code		M		D	
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								Amount	
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								Y	
								Amount	
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City		State		Zip Code		M		D	
								Y	
								Amount	
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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		M		D	
								Y	
								Amount	

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