

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Porter Committee</b>					
Full Name of Contributor <b>Camille Miller</b>				Registration Number, if PAC	
Street Address <b>3868 Abbie Lakes Dr</b>	Employer/Occupation/Labor Organization* <b>attorney</b>		M <b>0</b>	D <b>9</b>	Amount <b>35.00</b>
City <b>Canal Winchester</b>	State <b>O</b>	Zip Code <b>43110</b>	Y <b>2</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Thomas Hill</b>				Registration Number, if PAC	
Street Address <b>7 Wivelscombe</b>	Employer/Occupation/Labor Organization* <b>attorney</b>		M <b>0</b>	D <b>9</b>	Amount <b>35.00</b>
City <b>New Albany</b>	State <b>O</b>	Zip Code <b>43054</b>	Y <b>2</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Angela Parsons</b>				Registration Number, if PAC	
Street Address <b>7672 Kinneytuck Ct</b>	Employer/Occupation/Labor Organization* <b>attorney</b>		M <b>0</b>	D <b>9</b>	Amount <b>35.00</b>
City <b>Lewis Center</b>	State <b>O</b>	Zip Code <b>43035</b>	Y <b>2</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Kelly Marullo</b>				Registration Number, if PAC	
Street Address <b>595 Sycamore Dr</b>	Employer/Occupation/Labor Organization* <b>attorney</b>		M <b>0</b>	D <b>9</b>	Amount <b>35.00</b>
City <b>Pickerington</b>	State <b>O</b>	Zip Code <b>43147</b>	Y <b>2</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Bill Calvert</b>				Registration Number, if PAC	
Street Address <b>7675 Middlebrook Ln</b>	Employer/Occupation/Labor Organization* <b>financial planner</b>		M <b>0</b>	D <b>9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43235</b>	Y <b>2</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Kristen Brown</b>				Registration Number, if PAC	
Street Address <b>1489 Oakbourne Rd</b>	Employer/Occupation/Labor Organization* <b>attorney</b>		M <b>0</b>	D <b>9</b>	Amount <b>100.00</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>43235</b>	Y <b>2</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Philomena Dane</b>				Registration Number, if PAC	
Street Address <b>4250 Rowanne Rd</b>	Employer/Occupation/Labor Organization* <b>attorney</b>		M <b>0</b>	D <b>9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43214</b>	Y <b>2</b>	Form(Cash,Check,etc) <b>check</b>	

\* 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 \$ 440.00