Event Date	8/18/05 #######				
Page	21				

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				M	D	Y	Amount	201.00
Patio Printing				0 8	0 3	0 5	<u> </u>	204.00
Address ·	Purpose							
6663 Huntley Rd								
City	St		Zip Code	Check N				
Columbus	0	H	43229		118			
To Whom Paid				M	D	Y	Amount	
Capital Club				0 8	1 8	0 5		656.12
Address	Purpose							
41 S High ST	Food & Beverage							
City	State Zip Code Check Number							
Columbus	0	H	43215		124			m.
To Whom Paid				М	D	Y	Amount	
Address	Purpose			-				
City	Si	tate	Zip Code	Check N	lumber			
]							
To Whom Paid	<u> </u>			М	Ď	Y	Amount	
Address	Purpose							
City	S	tate	Zip Code	Check N	lumber			
City								
To Whom Paid	<u> </u>		<u> </u>	M	D	Y	Amount	
10 minima and								
Address	Purpose							
Address								
City	S	tate	Zip Code	Check N	lumber			
City		1		}				
To Whom Paid				M	D	Y	Amount	
10 whom Paid								
	Dumaga		· · · · · · · · · · · · · · · · · · ·		<u>. </u>	<u> </u>		
Address	Purpose							
	 	1010	Zip Code	Check N	Jumber			
City	"	tate	Zip Code	Cincer	· Carrioca			
	J			M	D	Y	Amount	
To Whom Paid				, WI		1	Allount	
The state of the s	D.				L		<u></u>	
Address	Purpose	;						
	1		Ta: a i	Tour + -				
City	s	tate	Zip Code	Check 1	number			
	1							

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 \$	860.12
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