

Event Date	8/18/05 #####
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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 Patio Printing					M	D	Y	Amount
					0	8	0	204.00
Address 6663 Huntley Rd		Purpose						
City Columbus	State O	H	Zip Code 43229	Check Number 118				
To Whom Paid Capital Club					M	D	Y	Amount
					0	8	1	656.12
Address 41 S High ST		Purpose Food & Beverage						
City Columbus	State O	H	Zip Code 43215	Check Number 124				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check 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 \$	860.12
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