

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends For Porter									
Full Name of Contributor Zeiger, Tigges & Little LLP							Registration Number, if PAC		
Street Address 41 S High St				Employer/Occupation/Labor Organization* LLC				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43215		M 0 8		D 1 5	
						Y 0 5		Amount 150.00	
Full Name of Contributor Sugu Suguness							Registration Number, if PAC		
Street Address 4876 Galway Dr				Employer/Occupation/Labor Organization* engineer				Form (Cash, Check, etc.) check	
City Dublin		State O H		Zip Code 43017		M 0 9		D 0 7	
						Y 0 5		Amount 100.00	
Full Name of Contributor Nanda Nair							Registration Number, if PAC		
Street Address 298 Beckley Lane				Employer/Occupation/Labor Organization* business manager				Form (Cash, Check, etc.) check	
City Dublin		State O H		Zip Code 43017		M 0 9		D 0 8	
						Y 0 5		Amount 100.00	
Full Name of Contributor K.A. Manoranjan							Registration Number, if PAC		
Street Address 344 Cramer Creek Ct				Employer/Occupation/Labor Organization* C.P.A.				Form (Cash, Check, etc.) check	
City Dublin		State O H		Zip Code 43017		M 0 9		D 0 9	
						Y 0 5		Amount 100.00	
Full Name of Contributor John Dix							Registration Number, if PAC		
Street Address 2385 Sandover Rd				Employer/Occupation/Labor Organization* consultant				Form (Cash, Check, etc.) check	
City Upper Arlington		State O H		Zip Code 43220		M 1 0		D 0 8	
						Y 0 5		Amount 70.00	
Full Name of Contributor Total contributions from form 31E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
						0 8		1 8	
						0 5		950.00	
Full Name of Contributor Total contributions from form 31E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
						0 9		1 5	
						0 5		210.00	
Full Name of Contributor Total contributions from form 31E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
						0 9		2 9	
						0 5		1,305.00	

* 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)]

Page Total \$ 2,985.00