

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends For Porter Committee					
Full Name of Contributor Betty J Brett				Registration Number, if PAC	
Street Address 2161 Jeffrey Dr	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Hilliard	State O	Zip Code H 43026	Form(Cash,Check,etc) Check		Amount 10.00
Full Name of Contributor John A. Diloretto				Registration Number, if PAC	
Street Address 1698 Northwest Blvd	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code H 43212	Form(Cash,Check,etc) Check		Amount 10.00
Full Name of Contributor Christopher L Christman				Registration Number, if PAC	
Street Address 7682 Deer Creek Rd	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Worthington	State O	Zip Code H 43085	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Loretta Massey				Registration Number, if PAC	
Street Address 1264 Olde Henderson Square	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code H 43220	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Barbara L Herr				Registration Number, if PAC	
Street Address 3463 Lacoste Lane	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Columbus	State O	Zip Code H 43228	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Susan K Hess				Registration Number, if PAC	
Street Address 387 Colony Park Dr	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Pickerington	State O	Zip Code H 43147	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor James L Fox				Registration Number, if PAC	
Street Address 623 Sanbridge Circle W	Employer/Occupation/Labor Organization* Kegler Brown		M 0	D 2	Y 1105
City Worthington	State O	Zip Code H 43085	Form(Cash,Check,etc) Check		Amount 25.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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

2,715.00

Total expenditures this event

30.00

Page Total \$ 135.00