

FILED

Ohio Campaign Finance Report

05 JUN 10 PM 1:54

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
ELECTIONS

| | | | | | | | | | | |
|--|-------------|--|---|--|-------------|---|-----------------------------|--------------------------|-------------|---|
| Full Name of Committee Friends For Porter Committee | | | | | | | Registration Number, if PAC | | | |
| Full Name of Candidate Jeffrey D. Porter | | | | | | | | | | |
| Street Address 2528 Bloxom St | | | | | | Office Sought Fr. Cty. Muni. Ct Judge | | District | | |
| City Grove City | | | | | | State O H | | Zip Code 43123 | | |
| Type of Report (place X to the left of report type) | Pre-Primary | | <input checked="" type="checkbox"/> Post-Primary | | Pre-General | | Post-General | | Annual Year | |
| | July | | August | | September | | Termination | | Semiannual | |
| | Monthly | | Monthly | | Monthly | | | | | |
| Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Date of Election | | M | D | Y |
| | | | | | | 1 1 0 8 0 5 | | | | |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

| | | |
|--|----|----------|
| 1. Amount brought forward from last report | \$ | 3,233.13 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | 1,485.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | 0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | 4,718.13 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | 2,774.00 |
| 6. Balance on hand (line 4 minus line 5) | \$ | 1,944.13 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | 475.79 |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ | |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ | |
| 13. For Electronic Filing Entities only | \$ | |
| Sum of lines 2, 7 and amount of any new loans received this period | | |

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Laurel Beatty, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Laurel Beatty
Signature

06/10/05
Date

Contribution pages 2

Expenditure pages 2

Other pages 2

Total pages 6

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | |
|--|--|-----------------------|--|--------------------------|--|---|--|-------------------------|--|
| Name of Committee in Full Friends For Porter Committee | | | | | | | | | |
| Full Name of Contributor John Lowe IV | | | | | | Registration Number, if PAC | | | |
| Street Address 362 Piedmont Rd | | | Employer/Occupation/Labor Organization* Attorney | | | | Form (Cash, Check, etc.) check | | |
| City Columbus | | State O H | | Zip Code 43214 | | M D Y 0 4 2 6 0 5 | | Amount 200.00 | |
| Full Name of Contributor Lawrence F Feheley | | | | | | Registration Number, if PAC | | | |
| Street Address 843 Old Woods Rd | | | Employer/Occupation/Labor Organization* Attorney | | | | Form (Cash, Check, etc.) check | | |
| City West Worthington | | State O H | | Zip Code 43235 | | M D Y 0 4 2 2 0 5 | | Amount 50.00 | |
| Full Name of Contributor Richard Pettit | | | | | | Registration Number, if PAC | | | |
| Street Address 874 Mohawk | | | Employer/Occupation/Labor Organization* Retired | | | | Form (Cash, Check, etc.) check | | |
| City Columbus | | State O H | | Zip Code 43206 | | M D Y 0 4 2 2 0 5 | | Amount 500.00 | |
| Full Name of Contributor Andrew W Whapman | | | | | | Registration Number, if PAC | | | |
| Street Address 2391 Lyncross St | | | Employer/Occupation/Labor Organization* LW Associates | | | | Form (Cash, Check, etc.) check | | |
| City Grove City | | State O H | | Zip Code 43123 | | M D Y 0 5 0 2 0 5 | | Amount 50.00 | |
| Full Name of Contributor Kathy Owens | | | | | | Registration Number, if PAC | | | |
| Street Address 2550 Tucker Trail | | | Employer/Occupation/Labor Organization* City of Columbus | | | | Form (Cash, Check, etc.) check | | |
| City Lewis Center | | State O H | | Zip Code 43035 | | M D Y 0 5 1 9 0 5 | | Amount 100.00 | |
| Full Name of Contributor Friends For Thomas | | | | | | Registration Number, if PAC | | | |
| Street Address 41 S High St Ste 2600 | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Columbus | | State O H | | Zip Code 43215 | | M D Y 0 4 2 6 0 5 | | Amount 250.00 | |
| Full Name of Contributor Contributions from Form 31-E | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | | Zip Code | | M D Y | | Amount 335.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | | Zip Code | | M D Y | | Amount | |

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | | |
|--|--|-------------------|---|--|--|----------------------------|---|---|---|--------|---|---|----------|
| Name of Committee in Full Friends For Porter Committee | | | | | | | | | | | | | |
| To Whom Paid Buckeye Printing & Mailing | | | | | | | M | D | Y | Amount | | | |
| | | | | | | | 0 | 5 | 1 | 3 | 0 | 5 | 750.00 |
| Address 217 N. Grant Ave. | | | | Purpose Combined Campaign Palm Cards | | | | | | | | | |
| City Columbus | | State O | H | Zip Code 43215 | | Check Number 105 | | | | | | | |
| To Whom Paid Patio Printing | | | | | | | M | D | Y | Amount | | | |
| | | | | | | | 0 | 4 | 2 | 8 | 0 | 5 | 610.00 |
| Address 6663 Huntley Rd. | | | | Purpose Palm Cards | | | | | | | | | |
| City Columbus | | State O | H | Zip Code 43229 | | Check Number 104 | | | | | | | |
| To Whom Paid Watts Group, LLC | | | | | | | M | D | Y | Amount | | | |
| | | | | | | | 0 | 5 | 1 | 6 | 0 | 5 | 1,250.00 |
| Address 950 Carroll Eastern Rd | | | | Purpose Campaign Management | | | | | | | | | |
| City Baltimore | | State O | H | Zip Code 43105 | | Check Number 106 | | | | | | | |
| To Whom Paid Expenditures from Form 31-F | | | | | | | M | D | Y | Amount | | | |
| | | | | | | | 0 | 6 | 0 | 2 | 0 | 5 | 164.00 |
| Address | | | | Purpose | | | | | | | | | |
| City | | State | H | Zip Code | | Check Number | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| | | | | | | | | | | | | | |
| Address | | | | Purpose | | | | | | | | | |
| City | | State | H | Zip Code | | Check Number | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| | | | | | | | | | | | | | |
| Address | | | | Purpose | | | | | | | | | |
| City | | State | H | Zip Code | | Check Number | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| | | | | | | | | | | | | | |
| Address | | | | Purpose | | | | | | | | | |
| City | | State | H | Zip Code | | Check Number | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| | | | | | | | | | | | | | |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | |
|------------------------------|---|----------|-----------------------------|
| Friends For Porter Committee | | | |
| Full Name of Contributor | | | Registration Number, if PAC |
| Steve O. Campbell | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D Y Amount |
| 250 East Stewart Ave Apt D | Self-employed | 0 4 | 2 1 0 5 35.00 |
| City | State | Zip Code | Form(Cash,Check,etc) |
| Columbus | O H | 43206 | check |
| Full Name of Contributor | | | Registration Number, if PAC |
| Thomas C. Tootle | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D Y Amount |
| 5971 Hildenboro Dr | Attorney | 0 4 | 2 1 0 5 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) |
| Dublin | O H | 43017 | check |
| Full Name of Contributor | | | Registration Number, if PAC |
| James P Connors | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D Y Amount |
| 221 S High St | Attorney | 0 4 | 2 1 0 5 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) |
| Columbus | O H | 43215 | check |
| Full Name of Contributor | | | Registration Number, if PAC |
| John Ernest | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D Y Amount |
| 1169 Katy Meadow Court | Attorney | 0 4 | 2 1 0 5 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) |
| Fairborn | O H | 45324 | check |
| Full Name of Contributor | | | Registration Number, if PAC |
| SYNC Consulting Group LTD | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D Y Amount |
| 1138 Cleveland Ave | LTD | 0 4 | 2 1 0 5 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) |
| Columbus | O H | 43201 | check |
| Full Name of Contributor | | | Registration Number, if PAC |
| Chris Corso | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D Y Amount |
| 87 W Main St | Self Employed | 0 4 | 2 1 0 5 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) |
| Columbus | O H | 43215 | Cash |
| Full Name of Contributor | | | Registration Number, if PAC |
| | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D Y Amount |
| | | | |
| City | State | Zip Code | Form(Cash,Check,etc) |
| | | | |

* 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
235.00

Total expenditures this event

Page Total \$ 335.00

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 Camelot Cellars | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 6 | 0 | 2 | 0 | 5 | 164.00 |
| Address 958 North High St | | | | Purpose Columbus | | | | | | | | |
| City Columbus | | State O | H | Zip Code 43201 | | Check Number 107 | | | | | | |
| 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 | | | | | | |
| 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.