

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
05 APR 21 AM 9:32  
FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Friends For Porter Committee</b>						Registration Number, if PAC/ONS					
Full Name of Candidate <b>Jeffrey D Porter</b>											
Street Address <b>2528 Bloxom St</b>						Office Sought <b>Frank.Cty.Mun.Ct.Judge</b>			District		
City <b>Grove City</b>						State <b>O H</b>		Zip Code <b>43123</b>			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July Monthly		August Monthly		September Monthly		Termination		Semiannual	
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	
						<b>1 1</b>		<b>0 8</b>		<b>0 5</b>	

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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	6,945.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	6,945.00
5. Total monetary expenditures (From Form No. 31-B)	\$	3,711.87
6. Balance on hand (line 4 minus line 5)	\$	3,233.13
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	489.05
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
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

4/20/05  
Date

Contribution pages 14

Expenditure pages 2

Other pages 1

Total pages 17

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends For Porter Committee</b>									
Full Name of Contributor <b>Derek Hertl</b>						Registration Number, if PAC			
Street Address <b>4607 Wuertz Ct</b>			Employer/Occupation/Labor Organization <b>OSU</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>		State <b>O   H</b>		Zip Code <b>43016</b>		M <b>0   3</b>	D <b>2   8</b>	Y <b>0   5</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Rose T Craig</b>						Registration Number, if PAC			
Street Address <b>2493 Delowe St</b>			Employer/Occupation/Labor Organization <b>Make A Wish Foundation</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>		State <b>O   H</b>		Zip Code <b>43123</b>		M <b>0   3</b>	D <b>0   3</b>	Y <b>0   5</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Total Contributions From Form 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M <b>0   2</b>	D <b>1   1</b>	Y <b>0   5</b>	Amount <b>2,715.00</b>
Full Name of Contributor <b>Total Contributions From Form 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M <b>0   3</b>	D <b>2   4</b>	Y <b>0   5</b>	Amount <b>3,180.00</b>
Full Name of Contributor <b>Total Contributions From Form 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M <b>0   4</b>	D <b>0   7</b>	Y <b>0   5</b>	Amount <b>900.00</b>
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 <b>0.00</b>
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 <b>0.00</b>
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 <b>0.00</b>

\* Required for contributions 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)

## 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			Registration Number, if PAC
Robert McCoy			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
4110 Cypress Ave	Kegler Brown	0   2   1   1   0   5	25.00
City	State   Zip Code	Form(Cash,Check,etc)	
Grove City	O   H   43123	Check	
Full Name of Contributor			Registration Number, if PAC
John Brody			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
65 East State St	Kegler Brown	0   2   1   1   0   5	150.00
City	State   Zip Code	Form(Cash,Check,etc)	
Columbus	O   H   43215	Check	
Full Name of Contributor			Registration Number, if PAC
Paul Daniel Ritter			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
65 East State St	Kegler Brown	0   2   1   1   0   5	150.00
City	State   Zip Code	Form(Cash,Check,etc)	
Columbus	O   H   43215	Check	
Full Name of Contributor			Registration Number, if PAC
Stephen Barsotti			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
PO Box 06616	Kegler Brown	0   2   1   1   0   5	100.00
City	State   Zip Code	Form(Cash,Check,etc)	
Columbus	O   H   43206	Check	
Full Name of Contributor			Registration Number, if PAC
David Hoeffel			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
1443 Cliff Court Apt C	Kegler Brown	0   2   1   1   0   5	150.00
City	State   Zip Code	Form(Cash,Check,etc)	
Columbus	O   H   43204	Check	
Full Name of Contributor			Registration Number, if PAC
Roger Sugarman			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
6025 Cranberry Court	Kegler Brown	0   2   1   1   0   5	150.00
City	State   Zip Code	Form(Cash,Check,etc)	
Columbus	O   H   43213	Check	
Full Name of Contributor			Registration Number, if PAC
Dan Hilson			
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
4266 Vaux Link	Attorney	0   2   1   1   0   5	200.00
City	State   Zip Code	Form(Cash,Check,etc)	
New Albany	O   H   43054	Check	

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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
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Total expenditures this event  

30.00
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Page Total \$ <u>925.00</u>
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Friends For Porter Committee		Kegler Brown		0	2	1105	150.00
Full Name of Contributor Malinda Susalla		Registration Number, if PAC					
Street Address 1 Miranova Place		City Columbus		Form(Cash,Check,etc) Check			
Diane Lazor		Kegler Brown		0	2	1105	100.00
Street Address 2396 Lyncross St		City Grove City		Form(Cash,Check,etc) Check			
Kelly O'Reilly Anzelmo		Attorney		0	2	1105	200.00
Street Address 446 Havland Dr		City Gahanna		Form(Cash,Check,etc) check			
R. Keith Kerns		Kegler Brown		0	2	1105	350.00
Street Address 1153 Wyandotte Rd		City Columbus		Form(Cash,Check,etc) Check			
Stephanie Union		Kegler Brown		0	2	1605	100.00
Street Address 549 Poe Ave		City Worthington		Form(Cash,Check,etc) Check			
Mark Reitz		Kegler Brown		0	2	1105	100.00
Street Address 546 Fallis Rd		City Columbus		Form(Cash,Check,etc) Check			
Allen Handlan		Kegler Brown		0	2	1405	100.00
Street Address 65 E. State St		City Columbus		Form(Cash,Check,etc) Check			

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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 \$ 1,100.00