

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Harris for School Board				Registration Number, if PAC			
Full Name of Contributor Scott, Scriven & Wahoff, LLP		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 50 W. Broad St. #2500				10	14	09	300.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Greg Verhoff		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 8595 Carner Rd				10	14	09	75.00
City Plain City		State OH	Zip Code 43064	Form (Cash, Check, etc.) check			
Full Name of Contributor Todd Kennard		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 335 Avon Ct				10	14	09	50.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) check			
Full Name of Contributor Andrew S. Maletz		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 6757 Lower Brook Way				10	14	09	100.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) check			
Full Name of Contributor Chad Readler		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 325 John A McConnell Blvd							60.00
City Columbus		State OH	Zip Code 43015	Form (Cash, Check, etc.) cash			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State OH	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 also 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

585.00
~~\$0.00~~

Total expenditures this event.

1057.00
~~\$0.00~~

\$480.00
Page Total \$ ~~\$0.00~~