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

Event Date_	10/14/2007
Page (	• g ····

Prescribed by Secretary of State 03/05

Name of Committee in Full	Rana	1			
Harris for school	Board		Registration Number, if PAC		
Full Name of Contributor  Scott, Scriven & Waho	F. L	P	Registration Number, it FAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
Street Address So W. Broad St. #2500			101409 300.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	Check		
Full Name of Contributor Greg Verhott	Registration Number, if PAC				
Street Address	Employer/Occupati	ion/Labor Organization*	M D Y Amount		
8595 amer Rd			10 1409 75.00		
City Plach City	Sta te OH	Zip Code -13064	Form (Cash, Check, etc.)		
Full Name of Contributor	Registration Number, if PAC				
Jodd Flenard					
Street Address 335 Avan CF	Employer/Occupation/Labor Organization*		M D Y Amount / U (409 50.60		
City / /	Sta te	Zip Code	Form (Cash, Check, etc.)		
DUBICA	OH	43017	Check		
Full Name of Contributor	Registration Number, if PAC				
Andrew 5. Maletz	No. 170 W. America				
Street Address 6157 Lower Brook Way	Employer/Occupation/Labor Organization*		M D Y Amount / U / U / U / U / U / U / U		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
New Albany	OH	43034	Oheck District		
Full Name of Contributor Chad Readles	Registration Number, if PAC				
Street Address 325 John H. McConnell Blud	Employer/Occupat	ion/Labor Organization*	M D Y Amount		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43015	cash		
Full Name of Contributor	Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
	ОН		Registration Number, if PAC		
Full Name of Contributor	Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)		
			tor is self ampleyed, the occupation and the name of		

Fill in the boxes below only on the last page for this event.

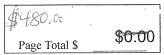
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from Form No. 31-E" and list the date of the event in the date column

Total contributions this event

586 **\$0.00** 

Total expenditures this event.

\$<del>0.00</del>



<sup>\*</sup> 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)]