

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of JOY HARRIS									
From Whom Received JOY HARRIS (Payment to Gateway)						Prior Amount 561		Amt. Incurred this Period 210.00	
Address 3446 Mark Twain Dr								Outstanding Balance 771	
City HILLIARD		State OH		Zip Code 43026		Loans Received This Period		Payments This Period	
						Date		Date	
						Amount		Amount	
						M D Y		M D Y	
						11 01 07		11 06 07	
						\$ 210.00		\$	
Registration Number, if PAC						M D Y		M D Y	
						11 01 07		11 06 07	
Employer/Occupation/Labor Organization*						M D Y		M D Y	
						11 01 07		11 06 07	
From Whom Received JOY HARRIS (for Radio One Advertisement)						Prior Amount		Amt. Incurred this Period	
Address 3446 Mark Twain Dr								Outstanding Balance 1,000	
City HILLIARD		State OH		Zip Code 43026		Loans Received This Period		Payments This Period	
						Date		Date	
						Amount		Amount	
						M D Y		M D Y	
						11 01 07		11 01 07	
						\$ 1,000		\$	
Registration Number, if PAC						M D Y		M D Y	
						11 01 07		11 01 07	
Employer/Occupation/Labor Organization*						M D Y		M D Y	
						11 01 07		11 01 07	
From Whom Received						Prior Amount		Amt. Incurred this Period	
Address								Outstanding Balance	
City		State		Zip Code		Loans Received This Period		Payments This Period	
						Date		Date	
						Amount		Amount	
						M D Y		M D Y	
						11 01 07		11 01 07	
						\$		\$	
Registration Number, if PAC						M D Y		M D Y	
						11 01 07		11 01 07	
Employer/Occupation/Labor Organization*						M D Y		M D Y	
						11 01 07		11 01 07	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ \$561 0.00
- Total received this period \$ \$1,210 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ \$150 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ \$1,621 0.00 (To Form No. 30-A)