

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Harris for School Board</u>				
Full Name of Contributor <u>James L. Ervin Jr.</u>			Registration Number, if PAC	
Street Address <u>2979 Landen Farm Rd E</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 21 09</u>	Amount <u>50.00</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Matthew J. Carle</u>			Registration Number, if PAC	
Street Address <u>1306 Havant Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 21 09</u>	Amount <u>50.00</u>
City <u>New Albany</u>	State <u>OH</u>	Zip Code <u>43054</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>William P. Jacob</u>			Registration Number, if PAC	
Street Address <u>8326 Autumnwood Way</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 21 09</u>	Amount <u>50.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Rebecca R. Price</u>			Registration Number, if PAC	
Street Address <u>5370 Whitetavern Ln</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 21 09</u>	Amount <u>50.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Richard S. Gerber</u>			Registration Number, if PAC	
Street Address <u>6125 Karrer Pl.</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 21 09</u>	Amount <u>100.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Michael J. Madigan</u>			Registration Number, if PAC	
Street Address <u>1783 W. 3rd Ave.</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 21 09</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43212</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>James Chester</u>			Registration Number, if PAC	
Street Address <u>45 E. State St. #1000</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 21 09</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>check</u>	

* 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

Total expenditures this event.

\$0.00

\$0.00

\$ 400.00
Page Total \$ ~~\$0.00~~