

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			
Full Name of Contributor Asriel Strip		Registration Number, if PAC	
Street Address 5482 Aryshire Dr.	Employer/Occupation/Labor Organization*	M D Y 10 21 09	Amount 50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check
Full Name of Contributor Montgomery for County Recorder		Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*	M D Y 10 21 09	Amount 500.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check
Full Name of Contributor Bruce Burkholder of Wiles, Boyle, Burkholder Bringardner Co. LPA		Registration Number, if PAC	
Street Address 300 Spruce St.	Employer/Occupation/Labor Organization*	M D Y 10 21 09	Amount 250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check
Full Name of Contributor James B. Hadden		Registration Number, if PAC	
Street Address 825 City Park Ave	Employer/Occupation/Labor Organization*	M D Y 10 21 09	Amount 50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check
Full Name of Contributor George R. McCue		Registration Number, if PAC	
Street Address 4598 Bridle Path Ln	Employer/Occupation/Labor Organization*	M D Y 10 21 09	Amount 250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check
Full Name of Contributor Janet Hale		Registration Number, if PAC	
Street Address 4637 Merwin Rd	Employer/Occupation/Labor Organization*	M D Y 10 21 09	Amount 50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) check
Full Name of Contributor Valoria C. Hoover		Registration Number, if PAC	
Street Address 5972 Dunheath Loop	Employer/Occupation/Labor Organization*	M D Y 10 21 09	Amount 150.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) check

* 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

\$1,300.00

Page Total \$ 80.00