

Event Date	10/16/09
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3.05

Name of Committee in Full Harris for School Board					
Full Name of Contributor Gregory Scott				Registration Number, if PAC	
Street Address 50 W. Broad St. #2500		Employer Occupation/Labor Organization* Scott, Scriven & Wahoff, LL		M 1	D 0
City Columbus		State O	H H	Y 4	Amount 300.00
		Zip Code 43215	Form(Cash,Check,etc) Check		
Registration Number, if PAC					
Full Name of Contributor Greg Verhoff				M 1	D 0
Street Address 8595 Carrier Rd.		Employer Occupation/Labor Organization*		Y 4	Amount 75.00
City Plain City		State O	H H	Y 0	Form(Cash,Check,etc) Check
		Zip Code 43064			
Registration Number, if PAC					
Full Name of Contributor Todd Kennard				M 1	D 0
Street Address 335 Avon Ct.		Employer Occupation/Labor Organization*		Y 4	Amount 50.00
City Dublin		State O	H H	Y 0	Form(Cash,Check,etc) Check
		Zip Code 43017			
Registration Number, if PAC					
Full Name of Contributor Andrew S. Maletz				M 1	D 0
Street Address 6757 Lower Brook Way		Employer Occupation/Labor Organization*		Y 4	Amount 100.00
City New Albany		State O	H H	Y 0	Form(Cash,Check,etc) Check
		Zip Code 43054			
Registration Number, if PAC					
Full Name of Contributor Chad Readler				M 1	D 0
Street Address 325 John H. McConnell Blvd		Employer Occupation/Labor Organization*		Y 4	Amount 60.00
City Columbus		State O	H H	Y 0	Form(Cash,Check,etc) Cash
		Zip Code 43215			
Registration Number, if PAC					
Full Name of Contributor				M	D
Street Address		Employer Occupation/Labor Organization*		Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Registration Number, if PAC					
Full Name of Contributor				M	D
Street Address		Employer Occupation/Labor Organization*		Y	Amount
City		State	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 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

Total expenditures this event
105.00

Page Total \$ **585.00**