

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF JOY HARRIS							
Full Name of Contributor John Williams				Registration Number, if PAC			
Street Address 3595 Olentangy Blvd		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 01	D 09	Y 07	Amount 50.00	
Full Name of Contributor Ricky Hardey				Registration Number, if PAC			
Street Address 1548 Woodbridge Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State OH	Zip Code 45240	M 01	D 01	Y 07	Amount 50.00	
Full Name of Contributor AR2 MARIE LINDSEY				Registration Number, if PAC			
Street Address 3905 Maplewood Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Decatur	State GA	Zip Code 30035	M 11	D 02	Y 07	Amount 20.00	
Full Name of Contributor Bruce Bostick				Registration Number, if PAC			
Street Address 3950 Hillman Rd E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43201	M 10	D 09	Y 07	Amount 100.00	
Full Name of Contributor Arthur Evans				Registration Number, if PAC			
Street Address 5426 Baneberry Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 10	D 03	Y 07	Amount 50.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]

Page Total \$ **220.00**