31-E
R.C. 3517.10(B)

Event Date 8-18-07
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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: Friends of Joy Harris

Full Name of Contributor	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	M	D	Y	Amount	Form(Cash,Check,etc)
Pamela K. Coen	530 Spring Valley Dr	Zanesville	OH	43701			08	18	07	50.00	Check
Russell C. Goodwin	108 E. First Ave	Columbus	OH				08	18	07	50.00	43801
Miriam K. Conyard	2530 Harvey Rd	Columbus	OH				08	18	07	15.00	Check
Timothy Brown	3025 Blue Ridge Rd	Columbus	OH	43219			08	18	07	25.00	Check
Cheryl D. Dilliard	6029 Pawnee Dr	Cincinnati	OH	45224			08	18	07	50.00	Check
Dennis Cox	1060 Mount Vernon Ave	Columbus	OH	43203	Gateway Healthcare		08	18	07	50.00	Check
Marion Barnes	6320	Elkridge	MD	21075	Physians Assistant		08	18	07	300.00	Cash

* 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

Total expenditures this event

Page Total $ 540.00

6 Clearance