

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Friends of Jay Harris							
Full Name of Contributor				Amount			
Philip Talley				50.00			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	
2973 SW 174th Ave				0	6	12	07
City	State	Zip Code	Form (Cash, Check, etc)				
Moramar	FL	33029	Check				
Full Name of Contributor				Registration Number, if PAC			
Jo E Kaiser							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2103 Scenic Drive				0	6	12	07
City	State	Zip Code	Form (Cash, Check, etc)				
Lancaster	OH	43130	Check				
Full Name of Contributor				Registration Number, if PAC			
Russell C. Goodwin, Jr							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
103 E. First Ave				0	6	12	07
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43201	Check				
Full Name of Contributor				Registration Number, if PAC			
Thomas Price							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2225 Barrymore Ave				0	6	12	07
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43219	Check				
Full Name of Contributor				Registration Number, if PAC			
Eileen Paley							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
668 Bellamy Place				0	6	12	07
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43213	Check				
Full Name of Contributor				Registration Number, if PAC			
Marion Barnes							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6320 Bayberry Court		Physians Assistant		0	6	12	07
City	State	Zip Code	Form (Cash, Check, etc)				
Elkridge	MD	21075	Cash				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	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

Total expenditures this event

Page Total \$

450.00