31-E R.C. 3517.10(B)

Event Date	
Page	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 3/05					
Name of Committee in Full	"						
Citizens for Harris							
full Name of Contributor			Registra	tion Nun	iber, if P/	AC	
Street Address	Employer/Occu	ipation/Labor Organization*	М	D	ΙΥ	Amount	
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City	State	Zip Code	Form(Ca	ish,Chec	k,etc)		
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full Name of Contributor			Registra	tion Nun	ber, if P∆	iC	
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City	State	Zip Code	Form(Ca	ash,Chec	k,etc)	The second second	
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Full Name of Contributor		<u>.</u> .	Registra	tion Nun	ber, if PA	ic	
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	Employen Geen	ipanion Organization	'''	1] '	raspan	
City	State	Zip Code	Form(C:	ash,Chec	k,etc)		
Full Name of Contributor				Registration Number, if PAC			
Street Address	IF william (Comme	and and about the same	N4	T TS	T 7/	Amount	
Sheet Adhiess	ThinbioxetyOccu	pation/Labor Organization*	M	D !	Y	Amoun	
City	State	Zip Code	Form(C	ash,Chec	k,ete)	- 8 A C & W	
	1						
Full Name of Contributor	•		Registra	tion Nun	iber, if PA	AC .	
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Silver roduces	Барюўстоссо	ipanon-tzaoor Organization		1	1 1	/ Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)	1. 13. 4. 3. 3. 3.	
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Full Name of Contributor			Registra	tion Nun	ber, if P/	AC .	
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Silect Address	Carpinyen Ocen	thanon-transit Organization		ľ	l i	,	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
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Full Name of Contributor			Registra	ition Nun	iber, if P/		
Street Address	Employer/Occi	ipation/Labor Organization*	М	D	Y	Amount	
Silver Florida.					İ		
City	State	Zip Code	Form(C	ash,Chec	k,etc)	and the second	
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						c.a	
quired for contributions from individuals over \$100 to st idual's business, if any, rather than employer should be	atewide and general assembly can	didates. If contributor is self-em	ployed, flic (necupatio	n and the	name of the	
ideal's business, if any rather than employer should be !	isted. If two or more employees of	ontribute via payroll deduction a	ша ехсееа (I	ic aggreg	are of a H	io, nie iauoi	

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 \$0.00_