

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 Tim Anderson					
Street Address 1530 Mt. Vernon		Employer/Occupation/Labor Organization* Retiree		M D Y 10 13 07	Amount 25.00
City Columbus		State OH	Zip Code 43203	Form (Cash, Check, etc) CASH	
Full Name of Contributor James & Barbara Barnett					
Street Address 1812 Tuxworth Ave		Employer/Occupation/Labor Organization*		M D Y 10 13 07	Amount 20.00
City Cincinnati		State OH	Zip Code 45238	Form (Cash, Check, etc) CASH	
Full Name of Contributor Betty Rose					
Street Address 9203 Constitution Dr		Employer/Occupation/Labor Organization* Retiree		M D Y 10 13 07	Amount 20.00
City Cincinnati		State OH	Zip Code 45215	Form (Cash, Check, etc) 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)	
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)	
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)	
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 \$

65.00

Electronic