

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Harris for School Board				
Full Name of Contributor Andrew Bowers			Registration Number, if PAC	
Street Address 953 Neil Ave.	Employer/Occupation/Labor Organization*		M 10	D 21
City Columbus	State OH	Zip Code 43201	Y 09	Amount 50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Jeffrey A. Stankunas			Registration Number, if PAC	
Street Address 432 Highbanks Valley Dr.	Employer/Occupation/Labor Organization*		M 10	D 21
City Newark	State OH	Zip Code 43055	Y 09	Amount 150.00
Form (Cash, Check, etc.) check				
Full Name of Contributor D. Michael Grodhaus			Registration Number, if PAC	
Street Address 107 S. High St. #450	Employer/Occupation/Labor Organization*		M 10	D 21
City Columbus	State OH	Zip Code 43215	Y 09	Amount 100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor William L. Stehle			Registration Number, if PAC	
Street Address 454 Crossing Creek South	Employer/Occupation/Labor Organization*		M 10	D 21
City Gahanna	State OH	Zip Code 43230	Y 09	Amount 50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Jeff Rich, of Rich & Gillis Law Group LLC			Registration Number, if PAC	
Street Address 6400 Riverside Dr. Suite D	Employer/Occupation/Labor Organization*		M 10	D 21
City Dublin	State OH	Zip Code 43017	Y 09	Amount 250.00
Form (Cash, Check, etc.) check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$

\$0.00