

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		Registration Number, if PAC	
William B. Brown			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
7081 E. Aracoma Dr	Relative	10 13 07	100.00
City	State Zip Code	Form (Cash, Check, etc)	
Cincinnati	OH 45237	CHECK	
Full Name of Contributor		Registration Number, if PAC	
Barbara A. Miller			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4001 Oak St	Relative	10 13 07	50.00
City	State Zip Code	Form (Cash, Check, etc)	
Cincinnati	OH 45236	CHECK	
Full Name of Contributor		Registration Number, if PAC	
THERESA M. Brundage			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2405 Buddleia Ct	Relative	10 13 07	100.00
City	State Zip Code	Form (Cash, Check, etc)	
Cincinnati	OH 45239	CHECK	
Full Name of Contributor		Registration Number, if PAC	
LAVERNE SUMMERLIN			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
8772 Zodiac Dr	Relative	10 13 07	100.00
City	State Zip Code	Form (Cash, Check, etc)	
Cincinnati	OH 45231	CHECK	
Full Name of Contributor		Registration Number, if PAC	
Rose Muldrow			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3810 Davenant Ave	Relative	10 13 07	100.00
City	State Zip Code	Form (Cash, Check, etc)	
Cincinnati	OH 45213	CHECK	
Full Name of Contributor		Registration Number, if PAC	
Robert Muldrow			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3611 Evanston Ave	Relative	10 13 07	100.00
City	State Zip Code	Form (Cash, Check, etc)	
Cincinnati	OH 45207	CHECK	
Full Name of Contributor		Registration Number, if PAC	
Donald & Paula Meardy			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
11278 Jason Dr	Relative	10 13 07	25.00
City	State Zip Code	Form (Cash, Check, etc)	
Cincinnati	OH 45240	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 \$

575.00

Electronic