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| Event Date | 9-4-07 |
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

|   |   |  |                                |
|---|---|--|--------------------------------|
| Name of Committee in Full<br><b>Friends of Joy Harris</b> |   |  |                                |
| Full Name of Contributor<br><b>Steve O. Jackson</b>       |   | Registration Number, if PAC            |                                |
| Street Address<br><b>930 Lancia Lane</b>                  | Employer/Occupation/Labor Organization* | M D Y<br><b>09 04 07</b>               | Amount<br><b>\$5.00 00/100</b> |
| City<br><b>Galloway</b>                                   | State Zip Code<br><b>OH 43119</b>       | Form (Cash, Check, etc)<br><b>CASH</b> |                                |
| Full Name of Contributor<br><b>John Macarthy</b>          |   | Registration Number, if PAC            |                                |
| Street Address<br><b>3544 Brooksprings Dr</b>             | Employer/Occupation/Labor Organization* | M D Y<br><b>09 04 07</b>               | Amount<br><b>\$5.00 00/100</b> |
| City<br><b>Grove City</b>                                 | State Zip Code<br><b>OH 43123</b>       | Form (Cash, Check, etc)<br><b>CASH</b> |                                |
| Full Name of Contributor<br><b>Thomas Price</b>           |   | Registration Number, if PAC            |                                |
| Street Address<br><b>2223 Barrymore Ave</b>               | Employer/Occupation/Labor Organization* | M D Y<br><b>09 04 07</b>               | Amount<br><b>\$5.00 00/100</b> |
| City<br><b>Columbus</b>                                   | State Zip Code<br><b>OH 43219</b>       | Form (Cash, Check, etc)<br><b>CASH</b> |                                |
| Full Name of Contributor<br><b>Verdell Macarthy</b>       |   | Registration Number, if PAC            |                                |
| Street Address<br><b>3544 Brooksprings Dr</b>             | Employer/Occupation/Labor Organization* | M D Y<br><b>09 04 07</b>               | Amount<br><b>\$5.00 00/100</b> |
| City<br><b>Grove City</b>                                 | State Zip Code<br><b>OH 43123</b>       | Form (Cash, Check, etc)<br><b>CASH</b> |                                |
| Full Name of Contributor<br><b>Denise Humphrey</b>        |   | Registration Number, if PAC            |                                |
| Street Address<br><b>580 N. Park Street</b>               | Employer/Occupation/Labor Organization* | M D Y<br><b>09 04 07</b>               | Amount<br><b>\$5.00 00/100</b> |
| City<br><b>Columbus</b>                                   | State Zip Code<br><b>OH 43215</b>       | Form (Cash, Check, etc)<br><b>CASH</b> |                                |
| Full Name of Contributor<br><b>Danielle Gillum</b>        |   | Registration Number, if PAC            |                                |
| Street Address<br><b>4524 Westphill Ct</b>                | Employer/Occupation/Labor Organization* | M D Y<br><b>09 04 07</b>               | Amount<br><b>5.00</b>          |
| City<br><b>Columbus</b>                                   | State Zip Code<br><b>OH 43228</b>       | Form (Cash, Check, etc)<br><b>CASH</b> |                                |
| Full Name of Contributor<br><b>Kim Conyard</b>            |   | Registration Number, if PAC            |                                |
| Street Address<br><b>2530 Howry Rd</b>                    | Employer/Occupation/Labor Organization* | M D Y<br><b>09 04 07</b>               | Amount<br><b>5.00 00/100</b>   |
| City<br><b>Columbus</b>                                   | State Zip Code<br><b>OH 43211</b>       | Form (Cash, Check, etc)<br><b>CASH</b> |                                |

\* 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

**35.00**

Total expenditures this event

Page Total \$ **35.00**  
**0.00**