31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Friends of Joy Harris									
Full Name of Contributor							Registration Number, if PAC		
Barbara Muldrow									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
3611 Evanston Avenue								Cash	
City	State	Zip Code	M	D	Y			Amount	
Cincinnati	OH	45207	06	08	07			40.00	
Full Name of Contributor							Registration Number, if PAC		
Nicolas Rivas									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
160 Ferncroft Rd								Check	
City	State	Zip Code	M	D	Y			Amount	
Mineola	NY	11501	05	25	07			50.00	
Full Name of Contributor							Registration Number, if PAC		
Helen MacMurray									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
3 North High Street								Check	
City	State	Zip Code	M	D	Y			Amount	
New Albany	OH	43054	08	01	07			50.00	
Full Name of Contributor							Registration Number, if PAC		
Jamie Welch									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
								Cash	
City	State	Zip Code	M	D	Y			Amount	
Columbus	OH							100 00/100	
Full Name of Contributor							Registration Number, if PAC		
Michael Houlahan									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
6774 Lakeside Circle West								check	
City	State	Zip Code	M	D	Y			Amount	
Worthington OH	OH	43085	10	10	07			50.00	
Full Name of Contributor							Registration Number, if PAC		
General W. King JR									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
3701 S. George Mason Dr								Check	
City	State	Zip Code	M	D	Y			Amount	
Falls Church	VA	22041	10	11	07			50.00	
Full Name of Contributor							Registration Number, if PAC		
Columbus Firefighters									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1380 Dublin Road	Fire Fighters Union							Check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	OH	43215	10	02	07			1,000	
Full Name of Contributor							Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y			Amount	

* 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)]

Page Total $ 1340.00