

Event Date	9/19/07
Page	2

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Joy Harris</b>							
Full Name of Contributor <b>Donise Humphrey</b>				Registration Number, if PAC			
Street Address <b>580 N. Park Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>9</b>	<b>19</b>	<b>20.00</b>
				Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Jeffrey D. Mackey</b>				Registration Number, if PAC			
Street Address <b>1549 melrose Ave</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43224</b>	<b>0</b>	<b>9</b>	<b>19</b>	<b>35.00</b>
				Form(Cash, Check, etc) <b>check</b>			
Full Name of Contributor <b>Jed W. Thorp</b>				Registration Number, if PAC			
Street Address <b>85 E. 1st Ave #3</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43201</b>	<b>0</b>	<b>9</b>	<b>19</b>	<b>25.00</b>
				Form(Cash, Check, etc) <b>Check</b>			
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

80.00

Page Total \$ 0.00