

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

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Friends of Joy Harris			
Full Name of Contributor Russ Goodwin		Registration Number, if PAC	
Street Address 103 E. 1st Ave	Employer/Occupation/Labor Organization*	M   D   Y 08   18   07	Amount 4.00 00/100
City Columbus	State   Zip Code OH   43201	Form (Cash, Check, etc) Cash	
Full Name of Contributor Theo Thompson		Registration Number, if PAC	
Street Address 1399 Lockbarne Rd		M   D   Y 08   18   07	Amount 5.00 00/100
City Columbus	State   Zip Code OH   43206	Form (Cash, Check, etc) CASH	
Full Name of Contributor Tracy Cox		Registration Number, if PAC	
Street Address 1060 Mount Vernon		M   D   Y 08   18   07	Amount 5.00 00/100
City Columbus	State   Zip Code OH   43203	Form (Cash, Check, etc) CASH	
Full Name of Contributor Joseph Mas		Registration Number, if PAC	
Street Address 439 Colonial Ave		M   D   Y 	Amount 5.00 00/100
City Worthington OH	State   Zip Code OH   43085	Form (Cash, Check, etc) CASH	
Full Name of Contributor Linda Mercadante		Registration Number, if PAC	
Street Address 439 Colonial Ave		M   D   Y 	Amount 5.00 00/100
City Worthington	State   Zip Code OH   43085	Form (Cash, Check, etc) CASH	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M   D   Y 	Amount
City	State   Zip Code 	Form (Cash, Check, etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		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

Page Total \$ 24.00  
0.00