

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 Joseph Sunday		Registration Number, if PAC	
Street Address P.O. Box 604	Employer/Occupation/Labor Organization*	M D Y 0 8 18 07	Amount 5.00 ⁰⁰ / ₁₀₀
City Dayton	State Zip Code OH 45424	Form (Cash, Check, etc) cash	
Full Name of Contributor Robert Muldrow		Registration Number, if PAC	
Street Address 3611 Evanston	Employer/Occupation/Labor Organization*	M D Y 08 18 07	Amount 2.00 ⁰⁰ / ₁₀₀
City Cincinnati	State Zip Code OH 45207	Form (Cash, Check, etc) cash	
Full Name of Contributor Cheryl Dillard		Registration Number, if PAC	
Street Address 6027 Pawnee Drive	Employer/Occupation/Labor Organization*	M D Y 08 18 07	Amount 5.00 ⁰⁰ / ₁₀₀
City Cincinnati	State Zip Code OH 45207	Form (Cash, Check, etc) CASH	
Full Name of Contributor Marion Barnes		Registration Number, if PAC	
Street Address 6320 Bayberry Ct	Employer/Occupation/Labor Organization* Physician Assistant	M D Y 08 18 07	Amount 10.00 ⁰⁰ / ₁₀₀
City Elkridge	State Zip Code MD 21075	Form (Cash, Check, etc) cash	
Full Name of Contributor Tim Brown		Registration Number, if PAC	
Street Address 3025 Blue Ridge Rd	Employer/Occupation/Labor Organization*	M D Y 08 18 07	Amount 5.00 ⁰⁰ / ₁₀₀
City Columbus	State Zip Code OH 43219	Form (Cash, Check, etc) cash	
Full Name of Contributor Dave Coen		Registration Number, if PAC	
Street Address 530 Spring Valley Dr	Employer/Occupation/Labor Organization*	M D Y 08 18 07	Amount 5.00 ⁰⁰ / ₁₀₀
City Zanesville	State Zip Code OH 43001	Form (Cash, Check, etc) cash	
Full Name of Contributor D'Arce & Debb Smith		Registration Number, if PAC	
Street Address 1700 Gault Street	Employer/Occupation/Labor Organization*	M D Y 08 18 07	Amount 5.00 ⁰⁰ / ₁₀₀
City Columbus	State Zip Code OH 43205	Form (Cash, Check, etc) 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 \$ <u>37.00</u> <u>0.00</u>
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