

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council													
Full Name of Contributor Ron Jones						Registration Number, if PAC							
Street Address 5286 Riverside Dr.			Employer/Occupation/Labor Organization* Coin-Op Vending				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43220		M 0 3		D 3 0		Y 0 5		Amount 250.00	
Full Name of Contributor Beverly Bowles						Registration Number, if PAC							
Street Address 561 Elizabeth Ave.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43213		M 0 4		D 0 6		Y 0 5		Amount 100.00	
Full Name of Contributor Kari Hansley						Registration Number, if PAC							
Street Address 6988 St. Ninnians St.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check						
City Lewis Center		State O H		Zip Code 43035		M 0 4		D 0 6		Y 0 5		Amount 250.00	
Full Name of Contributor Ron Polster						Registration Number, if PAC							
Street Address 300 Revere Rd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43213		M 0 4		D 0 6		Y 0 5		Amount 50.00	
Full Name of Contributor Frank Demos						Registration Number, if PAC							
Street Address 7370 Sawmill Rd.			Employer/Occupation/Labor Organization* Dentist				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43235		M 0 4		D 0 7		Y 0 5		Amount 100.00	
Full Name of Contributor Terry O'Brien						Registration Number, if PAC							
Street Address 1445 Fishinger Rd.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check						
City Upper Arlington		State O H		Zip Code 43221		M 0 4		D 0 7		Y 0 5		Amount 50.00	
Full Name of Contributor Ron & Janie Smith						Registration Number, if PAC							
Street Address 5285 Elder Rd.			Employer/Occupation/Labor Organization* Businessman				Form (Cash, Check, etc.) Check						
City Canal Winchester		State O H		Zip Code 43110		M 0 4		D 0 7		Y 0 5		Amount 100.00	
Full Name of Contributor Jane Byrne						Registration Number, if PAC							
Street Address 1400 S. Joyce St., Apt. 619			Employer/Occupation/Labor Organization* American Engineering Society				Form (Cash, Check, etc.) Check						
City Arlington		State V A		Zip Code 22202		M 0 4		D 0 8		Y 0 5		Amount 40.00	

* 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 \$ 940.00