

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harvey for Bexley Auditor							
Full Name of Contributor Rick Rosenthal					Registration Number, if PAC		
Street Address 2978 E. Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 0 2	Y 1 3	Amount 25.00	
Full Name of Contributor Linda Sinoway					Registration Number, if PAC		
Street Address 122 S. Ardmore Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 0 2	Y 1 3	Amount 25.00	
Full Name of Contributor David Madison					Registration Number, if PAC		
Street Address 485 S. Parkview #110		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 0 2	Y 1 3	Amount 100.00	
Full Name of Contributor Bill and Peggy Fothergill					Registration Number, if PAC		
Street Address 749 Euclaire		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 0 3	Y 1 3	Amount 50.00	
Full Name of Contributor Janet Helgeson					Registration Number, if PAC		
Street Address 2382 Brentwood Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 0 4	Y 1 3	Amount 25.00	
Full Name of Contributor Jim and Regina Rosier					Registration Number, if PAC		
Street Address 311 W. 7th Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43201	M 1 0	D 0 7	Y 1 3	Amount 500.00	
Full Name of Contributor <i>FUNDRAISER OCT. 1, 2013</i>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State 	Zip Code	M 	D 	Y 	Amount 610. ⁰⁰	
Full Name of Contributor <i>FUNDRAISER OCT. 3, 2013</i>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State 	Zip Code	M 	D 	Y 	Amount 520. 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 \$ 725.00

1855.⁰⁰