

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full HARVEY FOR BEXLEY AUDITOR							
Full Name of Contributor Tom and Nancy Watkins					Registration Number, if PAC		
Street Address 2616 E Nora Hill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bloomington	State I N	Zip Code 47401	M 0	D 9	Y 2	Amount 100.00	
Full Name of Contributor Pat and Lisa Kelley					Registration Number, if PAC		
Street Address 2712 Bexley Park Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bloomington	State O H	Zip Code 43209	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor George and Barbara Wainer					Registration Number, if PAC		
Street Address 175 S Cassady Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0	D 9	Y 2	Amount 25.00	
Full Name of Contributor Terry Grady					Registration Number, if PAC		
Street Address 369 S Roosevelt Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 50		
City Bexley	State O H	Zip Code 43209	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor John and Vicki Eberle					Registration Number, if PAC		
Street Address 111 S Dawson		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 1	D 0	Y 0	Amount 25.00	
Full Name of Contributor Tim and Cheryl McCarthy					Registration Number, if PAC		
Street Address 111 N Stanwood		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 1	D 0	Y 0	Amount 25.00	
Full Name of Contributor Anonymous					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 1	D 0	Y 0	Amount 30.00	
Full Name of Contributor Susan Harvey					Registration Number, if PAC		
Street Address 133 N Chesterfield Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State O H	Zip Code 43209	M 1	D 0	Y 0	Amount 25.00	

* 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 \$ 330.00