## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	·		<del></del> .						
HARVEY FOR BEXLEY AUDITOR									
lame of Contributor			Registration Number, if PAC						
Tom and Nancy Watkins									
Street Address	Employer/Occus	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
2616 E Nora Hill Dr						check	,		
City	State	Zip Code	Тм	D	ΙΥ	Amount			
Bloomington	I i N	47401	019	2 1	1   3	Į.	100.00		
Full Name of Contributor				Registration Number, if PAC					
Pat and Lisa Kelley									
Street Address	Employer/Occur	pation/Labor Organization*	<del></del> -			Form (Cash, Ch	eck, etc.)		
2712 Bexley Park Rd						check	,		
City	State	Zip Code	М	D	Y	Amount	1		
	OH	43209	0 9	2 1	1   3		50.00		
Full Name of Contributor			Registra	ition Nu	mber, if F	PAC			
George and Barbara Wainer									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)		
175 S Cassady Ave					check				
City	State	Zip Code	М	D	Y	Amount			
Bexley	OH	43209	0 9	2 4	1 3		25.00		
Full Name of Contributor			Registra	ation Nu	mber, if F	PAC			
Terry Grady			<u> </u>						
Street Address	Employer/Occupation/Labor Organization*			Fon			eck, etc.)		
369 S Roosevelt Ave						50			
City	State	Zip Code	M	D :	Y	Amount			
Bexley	O H	43209		2 7			50.00		
l j					Registration Number, if PAC				
John and Vicki Eberle									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)		
111 S Dawson		<b>1</b> =	1		T	check			
City	State	Zip Code	M	D	Y	Amount	25.00		
Bexley	O H	43209		0 1	1 3		25.00		
Full Name of Contributor Registration Number, if PAC									
Tim and Cheryl McCarthy	Ir		<u> </u>			Form (Cort. Ch	nek ete l		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
111 N Stanwood	State	Zip Code	Тм	Το	ΙΥ	check Amount			
City	1	'		-	1 3	Alledant	25.00		
Bexlev Full Name of Contributor	OH	43209			mber, if f	PAC	23.00		
			, cgou	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Anonymous Street Address	Emolover/Occur	pation/Labor Organization*	L			Form (Cash, Ch	eck. etc.)		
Sueet Address	Improyer/ occupation/ caton organization						,		
City	State	Zip Code	ĺм	D	Y	Amount			
	1		1 0	Ι.			30.00		
Full Name of Contributor Registration Number, if F					PAC	50.00			
Susan Harvey									
Street Address	Employer/Occur	pation/Labor Organization*		_		Form (Cash, Ch	eck, etc.)		
133 N Chesterfield Rd						cash			
City	State	Zip Code	М	D	Y	Amount			
Columbus	ОН	43209	1 0	0 1	1   3		25.00		
- Jane 1		white condidates of contribute		_		runation and the			

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