

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 Randy & Louise Fleming						Registration Number, if PAC			
Street Address 57 Valley Run Drive			Employer/Occupation/Labor Organization* Northwestern Mutual Life Ins. Co.				Form (Cash, Check, etc.) Check		
City Powell	State O	H H	Zip Code 43065	M 0	D 4	Y 1	2	0	Amount 50.00
Full Name of Contributor Ron Stone						Registration Number, if PAC			
Street Address 1406 Studer Ave.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43206	M 0	D 4	Y 1	2	0	Amount 100.00
Full Name of Contributor Brenda Belisle						Registration Number, if PAC			
Street Address 1126 Rockport Lane			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43235	M 0	D 4	Y 1	3	0	Amount 100.00
Full Name of Contributor Linda Dachtyl						Registration Number, if PAC			
Street Address 4845 Ridgerun Dr.			Employer/Occupation/Labor Organization* Musician				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43229	M 0	D 4	Y 1	3	0	Amount 50.00
Full Name of Contributor Maurice McCoy						Registration Number, if PAC			
Street Address 5773 N. Meadows Blvd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43229	M 0	D 4	Y 1	3	0	Amount 100.00
Full Name of Contributor Nancy Pisano						Registration Number, if PAC			
Street Address 159 Cherokee Drive			Employer/Occupation/Labor Organization* Brewstirs				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 0	D 4	Y 1	3	0	Amount 50.00
Full Name of Contributor Jimmy Ryan						Registration Number, if PAC			
Street Address 34 Medbrook Way			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Cash		
City Columbus	State O	H H	Zip Code 43214	M 0	D 4	Y 1	3	0	Amount 50.00
Full Name of Contributor Phil Harmon						Registration Number, if PAC			
Street Address 5312 Longrifle Rd.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Cash		
City Westerville	State O	H H	Zip Code 43081	M 0	D 4	Y 1	4	0	Amount 145.00

* 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 \$ 645.00