Event Date	10/01/13
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full	•	•			
Harvey for Bexley Auditor					
Full Name of Contributor			Registration Number, if PAC		
Mary Schleppi					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
277 S. Ardmore Road			1 0 0 1 1 3		100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Bexley	∣о∶н	43209	check		
Full Name of Contributor	U II IO203		Registration Number, if PAC		
Elizabeth Garrett					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
269 S. Ardmore Rd.			1 0 0 1 1 3		40.00
City	State	State Zip Code			10,00
Bexley	ОН	43209	cash		
Full Name of Contributor	10, :		Registration Number, if PAC		
Joe Schleppi			-		
Street Address	Employer/Occur	pation/Labor Organization*	M D Y	Amount	
277 S. Ardmore					60.00
City	State	Zip Code	1 0 0 1 1 3 Form(Cash,Check,etc)		
Bexley	О∶Н	43209	cash		
Full Name of Contributor	1 0 : =		Registration Number, if I	PAC	
Ann Brennan					
Street Address	Employer/Occupation/Labor Organization*		MDY	Amount	
170 S. Stanwood Rd.	[1 0 0 1 1 3		100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Bexlev	O ! H	43209	check		
Full Name of Contributor	1 0		Registration Number, if I	PAC	
Pete and Suzanne Klingelhofer			1		
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
2355 Sherwood Rd.					60.00
City	State	Zip Code	1 0 0 1 1 3 Form(Cash,Check,etc)		
Bexlev	То∶н	43209	check		
Full Name of Contributor	1 0 .	1	Registration Number, if I	PAC	
Iim and Kitty Soldano					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Amount	
2245 Bryden Rd.			1 0 0 1 1 3		100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Bexley	ОН	43209	check	-	
Full Name of Contributor	1 9:	<u> </u>	Registration Number, if I	PAC .	L
Marge and Mike Gire					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
389 S. Drexel					150.00
City	State	Zip Code	1 0 0 1 1 3 Form(Cash,Check,etc)		
Bexlev	О Н	43209	check		
		<u>. </u>			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

in the date column.			
Total contributions this event	Total expenditures this event	Page Total \$	610.00

^{*} 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)]