31-	·A	
R.C.	3517.10)

Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Trescribed by Se	orotary or state 5,705					
Name of Committee in Full	••						
Harmon for Columbus City Counc	cil		In 1				
Full Name of Contributor	Registration Number, if PA				C		
Gary Nolan	Employer/Oggur	ention/Lobor Organization*				Forms (Cook Charle sta)	
Street Address	Employer/Occupation/Labor Organization* Cleveland Bar Owners Representative				Form (Cash, Check, etc.)		
C.			Kepresen M	tative	S TY	Cash	
City	State O H	Zip Code			1	Amount	
Cleveland	10 11			2 3			
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
William Delaney	E					F (C. 1 Cl. 1 ()	
Street Address	Employer/Occupation/Labor Organization* Bar Owner - Delaney's Lounge			Form (Cash, Check, etc.)			
309 W. Alexis Rd.		Zip Code	Lounge I M	I n	T 1/2	Check	
City	State O H	42612		D O LO	Y	Amount	
Toledo	0 11	42012	0 4	2 8		50.00	
Full Name of Contributor			Regisira	uon Num	ber, if PA	.C	
Charles Schindler	Employer/Occup	ation/Labor Organization*				Farm (Carla Charla etc.)	
Street Address	1	-				Form (Cash, Check, etc.)	
6649 N. High Street, #101	Dentist		1.77		Lv	Check	
City	State O H	Zip Code	M	D	Y	Amount	
Worthington	OH	43081	0 4		0 5	50.00	
Full Name of Contributor			Registra	tion Num	iber, if PA	C	
Robert D. Zasloff	Ir	-ti/I-1				F (C C 1 ()	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
117 W. Brighton St.	Safelite State	Zip Code	М	D.	Y	Check	
Columbus		43202	l l	D	1	Amount 50.00	
Columbus Full Name of Contributor	ТОП	43202		2 : 8	ber, if PA		
Donald & Jennifer Long			Registia	uon num	ibei, ii i A	i.c	
Street Address	Employer/Occup	ation/Labor Organization*			-	Form (Cash, Check, etc.)	
8071 Olentangy River Rd.		ner - DeMarco's	,			Check	
City	State	Zip Code	M	D	Y	Amount	
Delaware	OH	43015	0 4	I .		20.00	
Full Name of Contributor	10	43013			ber, if PA		
Tun Panic of Conditionor			1105.5	iion riani			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
Sirece Address	I mprojen setap	Employer Occupation Eason Organization				Check	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor		<u> </u>	Registra	i tion Num	ber, if PA	Ĉ	
1 4/1 : Mand 02 2000000000					,	-	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
Silver / Idaices						(-usi, -iiii, -iii)	
City	State	Zip Code	М	D	Y	Amount	
·				_			
Full Name of Contributor	<u> </u>	l	Registra	tion Num	ber, if PA	C	
Tun vane of Commount			1108.00				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
and the second s	<i>p.o., s s coap</i>					(,,,,,	
City	State	Zip Code	М	D	Y	Amount	
City						- MANO WAR	
		1					

* 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 \$	190.00