

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 Gary Nolan						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
			Cleveland Bar Owners Representative			Cash	
City	State	Zip Code	M	D	Y	Amount	
Cleveland	O H		0	4	2	3	0
						5	20.00
Full Name of Contributor William Delaney						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
309 W. Alexis Rd.			Bar Owner - Delaney's Lounge			Check	
City	State	Zip Code	M	D	Y	Amount	
Toledo	O H	42612	0	4	2	8	0
						5	50.00
Full Name of Contributor Charles Schindler						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6649 N. High Street, #101			Dentist - Self			Check	
City	State	Zip Code	M	D	Y	Amount	
Worthington	O H	43081	0	4	2	8	0
						5	50.00
Full Name of Contributor Robert D. Zasloff						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
117 W. Brighton St.			Safelite			Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43202	0	4	2	8	0
						5	50.00
Full Name of Contributor Donald & Jennifer Long						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
8071 Olentangy River Rd.			Bar Owner - DeMarco's			Check	
City	State	Zip Code	M	D	Y	Amount	
Delaware	O H	43015	0	4	2	8	0
						5	20.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
						Check	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* 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