

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 Dick Allen						Registration Number, if PAC						
Street Address 2774 Clifton Rd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Cash					
City New Albany		State O H		Zip Code 43054		M 0 4		D 1 4		Y 0 5		Amount 50.00
Full Name of Contributor Bryan Bailey						Registration Number, if PAC						
Street Address 2395 Findley Ave.			Employer/Occupation/Labor Organization* CompUSA				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43202		M 0 4		D 1 4		Y 0 5		Amount 50.00
Full Name of Contributor Robert Basbagill						Registration Number, if PAC						
Street Address 4987 Fullerton Dr.			Employer/Occupation/Labor Organization* Pres., Cols. Shamrock Club				Form (Cash, Check, etc.) Check					
City Madison Twp.		State O H		Zip Code 43232		M 0 4		D 1 4		Y 0 5		Amount 50.00
Full Name of Contributor Beverly Bowles						Registration Number, if PAC						
Street Address 561 Elizabeth Ave.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43213		M 0 4		D 1 4		Y 0 5		Amount 150.00
Full Name of Contributor Judy & Roger Browning						Registration Number, if PAC						
Street Address 6645 Ambleside Dr.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Cash					
City Columbus		State O H		Zip Code 43229		M 0 4		D 1 4		Y 0 5		Amount 100.00
Full Name of Contributor Tim Cashin						Registration Number, if PAC						
Street Address 1312 S. High Street			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Cash					
City Columbus		State O H		Zip Code 43206		M 0 4		D 1 4		Y 0 5		Amount 60.00
Full Name of Contributor Robert Cesner						Registration Number, if PAC						
Street Address 456 Haymore Ave. N.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check					
City Worthington		State O H		Zip Code 43085		M 0 4		D 1 4		Y 0 5		Amount 100.00
Full Name of Contributor Frank Commendatore						Registration Number, if PAC						
Street Address 7426 Sawmill Rd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Cash					
City Columbus		State O H		Zip Code 43235		M 0 4		D 1 4		Y 0 5		Amount 50.00

* 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 \$ 610.00