

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Harvey for Bexlev Auditor					
Full Name of Contributor Greg and Marv Margulies				Registration Number, if PAC	
Street Address 2671 Bexlev Park Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Bexlev	State O H	Zip Code 43209	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Mike and Patricia Moriarty				Registration Number, if PAC	
Street Address 79 S. Remington Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Bexlev	State O H	Zip Code 43209	Form(Cash,Check,etc) check		Amount 40.00
Full Name of Contributor Howard Schottenstein				Registration Number, if PAC	
Street Address 2392 E. Main St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Bexlev	State O H	Zip Code 43209	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Paul and Sandy Garrett				Registration Number, if PAC	
Street Address 7 Lyonsgate	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Bexlev	State O H	Zip Code 43209	Form(Cash,Check,etc) check		Amount 40.00
Full Name of Contributor Glenn and Susan Soden				Registration Number, if PAC	
Street Address 235 S. Ardmore Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Bexlev	State O H	Zip Code 43209	Form(Cash,Check,etc) check		Amount 40.00
Full Name of Contributor Chuck and Ann Waterman				Registration Number, if PAC	
Street Address 229 S. Ardmore Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Bexlev	State O H	Zip Code 43209	Form(Cash,Check,etc) check		Amount 40.00
Full Name of Contributor James Mentel				Registration Number, if PAC	
Street Address 653 Crescent Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) check		Amount 100.00

* 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)]

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

520.⁰⁰

520.⁰⁰

Total expenditures this event

320.⁰⁰

Page Total \$ 310.00