Event Date	10/03/13
Page	1

Statement of Contributions Received at a Social or Fundraising Event

<u> </u>	Prescribed by Sect	retary of State 3705		
Name of Committee in Full				
Harvey for Bexley Auditor				
Full Name of Contributor			Registration Number, if PAC	
Greg and Mary Margulies			<u> </u>	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
2671 Bexley Park Rd.			1:0 0 3 1 3	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
Bexley	ОН	43209	check	
Full Name of Contributor			Registration Number, if PAC	
Mike and Patricia Moriarty				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	.0.55
79 S. Remington Rd.		I	1 0 0 3 1 3	40.00
City	State	Zip Code	Form(Cash,Check,etc)	
Bexlev	O H	43209	check	
Full Name of Contributor			Registration Number, if PAC	
Howard Schottenstein	- I			
Street Address	Emptoyer/Occu	pation/Labor Organization*	M D Y Amount	25.00
2392 E. Main St.		Ter contr	1 0 0 3 1 3	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
Bexley	ОН	43209	check Registration Number, if PAC	
Full Name of Contributor			Registration Number, it PAC	
Paul and Sandy Garrett	[F1(O	pation/Labor Organization*	M D Y Amount	
Street Address	Employer/Occu	pation/Lagor Organization	1 0 0 3 1 3	40.00
7 Lyonsgate	- Ctata	Zip Code	Form(Cash,Check,etc)	40.00
City	State	1 '		
Bexley Full Name of Contributor	O H	43209	c heck Registration Number, if PAC	
			negistration runner, in the	
Glenn and Susan Soden Street Address	TEmployer/Occu	pation/Labor Organization*	M D Y Amount	
	Employer/Occu	pation casor organization	1 0 0 3 1 3	40.00
235 S. Ardmore Rd.	State	Zip Code	Form(Cash,Check,etc)	40.00
l '	O H	43209	check	
Bexlev Full Name of Contributor	1.0 1.11	43209	Registration Number, if PAC	
			inage in the second sec	
Chuck and Ann Waterman Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
	Employen occu	pototo coo. Diguizzation	1 0 0 3 1 3	40.00
229 S. Ardmore Rd.	State	Zip Code	Form(Cash,Check,etc)	40.00
	ОН	43209	check	
Bexley Full Name of Contributor	() : 11	40207	Registration Number, if PAC	
James Mentel Street Address	Frontover/Occus	pation/Labor Organization*	M D Y Amount	
	21140070170000	Paralle canon, Alignman and I	1 0 0 3 1 3	100.00
653 Crescent Rd.	State	Zip Code	Form(Cash,Check,etc)	150.00_
Columbus	ОН	43204	check	
Columbus	U : 11	1 30204	CITCEN	

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event		
62000		
<u> </u>		

310.00

^{*} 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)]