

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 Dave Shaw						Registration Number, if PAC						
Street Address 960 Bernard Rd.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43221		M 0		D 4		Y 1 4 0 5		Amount 50.00
Full Name of Contributor Doug & Lee Smith						Registration Number, if PAC						
Street Address 273 Eastchester Ct.			Employer/Occupation/Labor Organization* DSCC				Form (Cash, Check, etc.) Check					
City Gahanna		State O H		Zip Code 43230		M 0		D 4		Y 1 4 0 5		Amount 100.00
Full Name of Contributor Joe Sommer						Registration Number, if PAC						
Street Address 5672 Great Hall Ct.			Employer/Occupation/Labor Organization* Bureau of Workers' Compensation				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43231		M 0		D 4		Y 1 4 0 5		Amount 50.00
Full Name of Contributor Mike Tanner						Registration Number, if PAC						
Street Address 325 Blandford Dr.			Employer/Occupation/Labor Organization* Bailiff, Fkln. Cty. Muni. Ct.				Form (Cash, Check, etc.) Check					
City Worthington		State O H		Zip Code 43085		M 0		D 4		Y 1 4 0 5		Amount 50.00
Full Name of Contributor James Ward						Registration Number, if PAC						
Street Address 9444 Big Bear Ave.			Employer/Occupation/Labor Organization* Thompson & Ward Leasing Co.				Form (Cash, Check, etc.) Check					
City Powell		State O H		Zip Code 43065		M 0		D 4		Y 1 4 0 5		Amount 50.00
Full Name of Contributor Michael Wile						Registration Number, if PAC						
Street Address 1230 W. 5th Ave.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check					
City Grandview		State O H		Zip Code 43201		M 0		D 4		Y 1 4 0 5		Amount 50.00
Full Name of Contributor James Woodland						Registration Number, if PAC						
Street Address 1170 Lincoln Rd.			Employer/Occupation/Labor Organization* WK Vending Co.				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43212		M 0		D 4		Y 1 4 0 5		Amount 500.00
Full Name of Contributor Eleanor Cochran						Registration Number, if PAC						
Street Address 1953 Sullivant Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43223		M 0		D 4		Y 1 8 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)]