Event Date	10/03/13
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Harvey for Bexley Auditor						
Full Name of Contributor			Registration Nu	Registration Number, if PAC		
Greg and Mary Margulies						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount		
2671 Bexley Park Rd.			1 0 0 3	1 3	25.00	
City	State	Zip Code	Form(Cash,Che			
Bexlev	О∶н	43209	checl	•		
Full Name of Contributor			Registration Nu			
Mike and Patricia Moriarty			'			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Y Amount		
79 S. Remington Rd.		· -	1 0 0 3	113	40.00	
City	State	Zip Code	Form(Cash,Che		10.00	
Bexley	О∮Н	43209	checl	•		
Full Name of Contributor	. 0 :	1000	Registration Nu			
Howard Schottenstein						
Street Address	Employer/Occur	pation/Labor Organization*	M D	Y Amount		
2392 E. Main St.		•	1 0 0 3		25.00	
City	State	Zip Code	Form(Cash.Che			
Bexley	ОІН	43209	checl			
Full Name of Contributor		10207	Registration Nu	_		
Paul and Sandy Garrett						
Street Address	Employer/Occupation/Labor Organization*		м Го	Y Amount		
7 Lyonsgate	Chipoyen occupations cason organization		1 0 0 3		40.00	
City	State	Zip Code	Form(Cash,Che	cketc)		
Bexley	ОН	43209	c hec			
Full Name of Contributor	U H 45209			Registration Number, if PAC		
Glenn and Susan Soden			negasou			
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		Y Amount		
235 S. Ardmore Rd.	Employen occu	Employer/Occopation/Labor Organization			40.00	
City	State	Zip Code	1 0 0 3 Form(Cash,Che	rk etc)	40.00	
Bexley	O ! H	43209	checl	•		
Full Name of Contributor	1 () ; 11	43207	Registration Nu			
Chuck and Ann Waterman			gaaa.a			
Street Address	Employer/Occur	nation/Labor Organization*	М ГО	Y Amount		
	Employer/Occupation/Labor Organization*		1 0 0 3		40.00	
229 S. Ardmore Rd.	State	Zip Code	Form(Cash,Che		₹0.00	
l '	l o H	43209	checl			
Bexley Full Name of Contributor] () : П	43209	Registration Nu			
_			kegisu addii 140	moer, ir rac		
James Mentel Street Address	[Employer/Oss.	pation/Labor Organization*	MID	Y Amount		
	Employer/Occu	become ration of Anticarion.	1 0 0 3		100.00	
653 Crescent Rd.	State	Zip Code	Form(Cash,Che		100.00	
Calcardence	_	1 '				
Columbus	O H	43204	checl			

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 contribution	s this event
620.	200

Total expenditures this event		
320.	2	

Page Total \$	310.00
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^{*} 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(8)(4)]