

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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

\* 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

**620.00**

Total expenditures this event

**320.00**

Page Total \$ **310.00**