Event Date	10/03/13
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	riescribed by Sec	retary of state 5705					
Name of Committee in Full							
Harvey for Bexley Auditor Full Name of Contributor			Pagiste	ntion Nhu	mhar if I	DAC	
Iulia Montei			Registration Number, if PAC				
Street Address	Employer/Occu	nation / abor Omanization*	M	D	ΙΥ	Amount	
1399 Brookwood Pl.	Linployes/Occu	Employer/Occupation/Labor Organization*		013	1		25.00
City	State	Zip Code		ash,Ched			25.00
Columbus	O i H	43209	romic				
Full Name of Contributor	() ; n	43209	Paniete	cash ation Nu		PAC	
Roger Hoey			lvedi20.	acion nu	ниж, и	r A.C.	
Street Address	Employer/Occu	pation/Labor Organization*	м	D	ΙΥ	Amount	
3028 Hager Lane	Employen occu	pation casor organization		0 3			25.00
City	State	Zip Code		ash,Chec			25.00
Glenwood Springs	C O	81601	I of face	cash	-		
Full Name of Contributor	1 C : O	1 01001	Pogists	casit ation Nu		PAC	
			negisu.	31,011 1101	inoci, ii i	rnc	
Scott and Amy Huggins Street Address	Employer/Occu	pation/Labor Organization*	м	D	Y	Amount	
	ziii pio yei/occu	pation/Labor Organization	ł .	0 3	1		40.00
648 Keliner Rd.	State	Zip Code		」リリン ash,Ched			40.00
1 ·		1 '	romic		x,etc)		
Columbus Full Name of Contributor	ОН	43209	Daninto	cash	mbar if i		
			Registra	ation Nu	moer, ir i	PAC	
David and Cheryl Benyi	lr	i A -b Aiii			T V	1	
Street Address	Employer/Occu	pation/Labor Organization*	M : 0	D	Y	Amount	40.00
85 S. Virginia Lee Rd.		Tay, as to		0 3			40.00
City	State	Zip Code	Form(C	ash,Ched	k,etc)		
Columbus Full Name of Contributor	O H	43209	-	cash			
			Registra	ation Nu	mber, it i	PAC	
Ryan Benvi and Elizabeth Waterman			M	т _	1	Τ	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount	
1000 S. Roosevelt Rd.				0 3			40.00
City	State	Zip Code	Form(C	ash,Ched	(k,etc)		
Bexley	O i H	43209		cash			
Full Name of Contributor			Registra	ation Nu	mber, if I	PAC	
Eileen Woodward			<u> </u>			Υ.	
Street Address	Employer/Occu	pation/Labor Organization*	M .	D	Y	Amount	
419 S. Chesterfield Rd.				0 3			40.00
City	State	Zip Code	Form(C	ash,Ched			
Columbus	O H	43209		cash			
Full Name of Contributor			Registra	ation Nu	mber, if I	PAC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		О	Y	Amount	
	' '						
City	State	Zip Code	Form(C	ash,Ched	k,etc)		
					-		
	<u> </u>	<u> </u>	-				

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.	40

Total expenditures this event

3 2-0.

Page Total \$	210.00

^{*} 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)]