

## 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 Bexley Auditor</b>					
Full Name of Contributor <b>Julia Montei</b>			Registration Number, if PAC		
Street Address <b>1399 Brookwood Pl.</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>43209</b>	Form(Cash,Check,etc) <b>cash</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Roger Hoey</b>			Registration Number, if PAC		
Street Address <b>3028 Hager Lane</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>3</b>
City <b>Glenwood Springs</b>	State <b>C O</b>	Zip Code <b>81601</b>	Form(Cash,Check,etc) <b>cash</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Scott and Amy Huggins</b>			Registration Number, if PAC		
Street Address <b>648 Kellner 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>43209</b>	Form(Cash,Check,etc) <b>cash</b>		Amount <b>40.00</b>
Full Name of Contributor <b>David and Cheryl Benvi</b>			Registration Number, if PAC		
Street Address <b>85 S. Virginia Lee 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>43209</b>	Form(Cash,Check,etc) <b>cash</b>		Amount <b>40.00</b>
Full Name of Contributor <b>Ryan Benvi and Elizabeth Waterman</b>			Registration Number, if PAC		
Street Address <b>1000 S. Roosevelt Rd.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>3</b>
City <b>Bexley</b>	State <b>O H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>cash</b>		Amount <b>40.00</b>
Full Name of Contributor <b>Eileen Woodward</b>			Registration Number, if PAC		
Street Address <b>419 S. Chesterfield 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>43209</b>	Form(Cash,Check,etc) <b>cash</b>		Amount <b>40.00</b>
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

\* 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.<sup>00</sup>**

Total expenditures this event

**320.<sup>00</sup>**

Page Total \$ **210.00**