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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Harvey for Bexley Auditor			to .			
Full Name of Contributor			Registra	ation Nur	nber, if i	AC
John and Patty Offenberg	15 1 10		Ц			<u> </u>
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)
33 N Roosevelt Ave		· • · · · · · · · · · · · · · · · · · ·				check
City	State	Zip Code	M.	D	Y	Amount
Bexley	ОН	43209	0 8	1 9	1 3	25.00
Full Name of Contributor			Registra	ation Nur	nber, if F	AC
Andrew Mills						
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)
2678 Bexley Park						check
City	State	Zip Code	М	D	Y	Amount
Bexley	OH	43209	0 9	1 0	1 3	50.00
Full Name of Contributor			Registra	ation Nur	nber, if F	AC
J. B. Graham						
Street Address	Employer/Occi	pation/Labor Organization*	•			Form (Cash, Check, etc.)
550 Clay Ave. Apt. 6B					i	check
City	State	Zip Code	М	D	Υ	Amount
Scranton	PIA	18510	1019	1 5	113	250.00
Full Name of Contributor		10010		ation Nur		
Tom and Darina Vogel						
Street Address	Employer/Occi	pation/Labor Organization*	1		-	Form (Cash, Check, etc.)
247 S Ardmore Rd	' '					check
City	State	Zip Code	Тм	D	Y	Amount
Bexley	0 0	43209	1 .	1 8	1	60.00
Full Name of Contributor	0:0	45407		tion Nur		
Brad and Abby Feinkhopf						-
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)
263 S Ardmore Rd		,				check
City	State	Zip Code	М	D	ΙΥ	Amount
Bexley	O H	43209	0 9	1 8	1 3	60.00
Full Name of Contributor	0 : 11	43207				
1.3						
Larry and Nancy Braverman Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)
	Linpadyen/Occi	ipacon Labor Organización				
77 N Ardmore Rd	State	Zip Code	М	D	I v	check Amount
1 '		'		1 8	11-	60.00
Bexley	0 ; 0	43209	+			
Full Name of Contributor			regou	ation Nur	iliber, ir r	AC
David Dachner	I=1					Form (Cash, Check, etc.)
Street Address	Employer/Occi	ipation/Labor Organization*				
226 S Dawson Ave		<u> </u>	T		1	check
City	State	Zip Code	M	D	Y	Amount
Bexley	O H	43209		1 9		35.00
Full Name of Contributor Registration Number, if PAC						
Rick and Marlee Snowdon						
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)
326 N Columbia Ave						check
City	State	Zip Code	М.	P	Y.	Amount
Bexley	ОН	43209	0 9	2 1	1 3	250.00

* 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)]

Page Total S	790.00