Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
HARVEY FOR BEXLEY AUDITOR							
Full Name of Contributor				Registration Number, if PAC			
Tom and Nancy Watkins							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
2616 E Nora Hill Dr						check	 .
City	State	Zip Code	M.	0	Y	Amount	
Bloomington	IN	47401		2 1	1 3		100.00
Full Name of Contributor			Registr	ation Nur	mber, if F	PAC	
Pat and Lisa Kelley			Щ.				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2712 Bexley Park Rd		· · · · · · · · · · · · · · · · · · ·	,			check	
City	State	Zip Code	M,	D .	Y	Amount	
	O H	43209		2 1	1 3	ŀ	50.00
Full Name of Contributor			Registr	ation Nur	nber, if F	PAC	
George and Barbara Wainer	T						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)
175 S Cassady Ave		Terror .			1	check	
City	State	Zip Code	M _.	D :	Y	Amount	
Bexley	OH	43209		2 4			25.00
Full Name of Contributor			Registr	ation Nur	nber, if F	PAC	
Terry Grady		 	<u> </u>			T- (-)	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
369 S Roosevelt Ave		T				50	_
City	State	Zip Code	M	_ · _	Y	Amount	50.00
Bexley	O H	43209		2 7	1 3	<u> </u>	50.00
Full Name of Contributor			Registr	ation Nur	niber, if F	PAC	
John and Vicki Eberle			<u> </u>			To 10 1 0	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
111 S Dawson		Tay on the			T	check	
City	State	Zip Code	l M	D		Amount	25.00
Bexley	O H	43209		0 1	1 3	<u> </u>	25.00
Full Name of Contributor			Registr	ation Nur	moer, ir i	AC	
Tim and Cheryl McCarthy	Te					From (Cook Ob	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
111 N Stanwood		Ir. c	1	1 5	1 0	check Amount	
City	State	Zip Code	M	D :			25.00
Bexley	OH	43209		0 i 1 ation Nur			25.00
Full Name of Contributor			Registr	ation Nur	noer, ir r	AC	
Anonymous	Faratavas (Open	i (I shar ()isticat				Form (Carb. Ch	art atr l
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)
Ole .	6444	Tra Cada	Т.,		l Ÿ	Amount	
City	State ;	Zip Code	M	D		Amount	20.00
F. H. M. L. C.				0 1 ation Nur	1 3	<u> </u>	30.00
Full Name of Contributor			Registr	auron Nur	noer, ir F	-AL	
Susan Harvey Street Address	Employar/Ocar	mation/Lahor (Conscienting)	Ь			Form (Cach Ch	eck etc 1
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
133 N Chesterfield Rd	State	Zip Code	М	Т	ГΥ	cash Amount	
Columbus		1 '	1 .	1.		T	25.00
Columbus	OH	43209	1 0	10:1	1 3	umation and the	

* 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	\$ 330.00