

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>HARVEY FOR BEXLEY AUDITOR</b>									
Full Name of Contributor <b>Tom and Nancy Watkins</b>						Registration Number, if PAC			
Street Address <b>2616 E Nora Hill Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Bloomington</b>	State <b>I N</b>	Zip Code <b>47401</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>1</b>	Y <b>1</b>	Y <b>3</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Pat and Lisa Kelley</b>						Registration Number, if PAC			
Street Address <b>2712 Bexley Park Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City	State <b>O H</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>1</b>	Y <b>1</b>	Y <b>3</b>	Amount <b>50.00</b>
Full Name of Contributor <b>George and Barbara Wainer</b>						Registration Number, if PAC			
Street Address <b>175 S Cassady Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Bexley</b>	State <b>O H</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>4</b>	Y <b>1</b>	Y <b>3</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Terry Grady</b>						Registration Number, if PAC			
Street Address <b>369 S Roosevelt Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>50</b>		
City <b>Bexley</b>	State <b>O H</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>7</b>	Y <b>1</b>	Y <b>3</b>	Amount <b>50.00</b>
Full Name of Contributor <b>John and Vicki Eberle</b>						Registration Number, if PAC			
Street Address <b>111 S Dawson</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Bexley</b>	State <b>O H</b>	Zip Code <b>43209</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>1</b>	Y <b>1</b>	Y <b>3</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Tim and Cheryl McCarthy</b>						Registration Number, if PAC			
Street Address <b>111 N Stanwood</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Bexley</b>	State <b>O H</b>	Zip Code <b>43209</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>1</b>	Y <b>1</b>	Y <b>3</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Anonymous</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State <b>:</b>	Zip Code	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>1</b>	Y <b>1</b>	Y <b>3</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Susan Harvey</b>						Registration Number, if PAC			
Street Address <b>133 N Chesterfield Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>cash</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43209</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>1</b>	Y <b>1</b>	Y <b>3</b>	Amount <b>25.00</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)]

Page Total \$ 330.00