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			
Rick Rosenthal							
Street Address	Employer/Occu	-			Form (Cash, Check, etc.)		
2978 E. Broad St.						Check	
City	State	Zip Code	М	D	Y	Amount	
Bexley	OH	43209	1 0	0 2	1 3		25.00
Full Name of Contributor			Registra	ation Nur	nber, if F	PAC	
Linda Sinoway							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)
122 S. Ardmore Rd.	İ					check	
City	State	Zip Code	М	D	Y	Amount	
Bexley	ОЕН	43209	1 0	0 2	1 3	Ĭ.	25.00
Full Name of Contributor				Registration Number, if PAC			
David Madison			1				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)
485 S. Parkview #110						check	
City	State	Zip Code	М	D	Y	Amount	
Bexlev	ОІН	43209	1110	0 2	1 3		100.00
Full Name of Contributor					nber, if F	PAC	
Bill and Peggy Fothergill							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
749 Euclaire						check	
City	State	Zip Code	i M	Ð	Y	Amount	
Bexlev	О∮Н	43209	1110	0 3	1 3		50.00
Full Name of Contributor	10, 11	10207	_		mber, if F	PAC	00.00
Janet Helgeson			ľ				
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>	-		Form (Cash, Che	eck, etc.)
2382 Brentwood Rd.	' '					check	
City	State	Zip Code	i M	Ð	Y	Amount	
Bexley	о н	43209	1110	0 4	1 3		25.00
Full Name of Contributor		10207			nber, if F	PAC	
Jim and Regina Rosier							
Street Address	Employer/Occu	pation/Labor Organization*	ь—			Form (Cash, Che	eck, etc.)
311 W. 7th Ave.	1					check	
City	State	Zip Code	T M	D	Y	Amount	
Columbus	ОН	43201	1110	0 ! 7	1 3		500.00
Full Name of Contributor	1 0 1 11	10201	4		nber, if F	PAC	000.00
Street Address	lEmployer/Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
	and the second s						
City	State	Zip Code	Тм	D	ΙΥ	Amount	
	1		1 1	-			
Full Name of Contributor Registration Numb					nber, if f	PAC	
negation makes,					,		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck. etc.)
Jucct Addiess	Lispoyer occu				,,		
City	State	Zip Code	М	Q	Y	Amount	
	1		15	Ĩ.	,	I	
		<u> </u>		<u> </u>	<u> </u>	<u> </u>	

* 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 \$ 725.00