

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harmon for Columbus City Council													
Full Name of Contributor John Byrom						Registration Number, if PAC							
Street Address 345 E. Beaumont Rd.			Employer/Occupation/Labor Organization* Environmental Consultant				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43214		M 0		D 4		Y 1 8 0 5		Amount 25.00	
Full Name of Contributor Bob Fry						Registration Number, if PAC							
Street Address 1014 Dublin Rd.			Employer/Occupation/Labor Organization* Fry Contracting Co.				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43230		M 0		D 4		Y 1 8 0 5		Amount 100.00	
Full Name of Contributor James Duvall						Registration Number, if PAC							
Street Address 6515 Plesenton Drive, S.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check						
City Worthington		State O H		Zip Code 43085		M 0		D 4		Y 1 8 0 5		Amount 50.00	
Full Name of Contributor Paul Dumouchelle						Registration Number, if PAC							
Street Address 8832 Nairn Ct.			Employer/Occupation/Labor Organization* Environmental Consultant				Form (Cash, Check, etc.) Check						
City Dublin		State O H		Zip Code 43017		M 0		D 4		Y 1 8 0 5		Amount 20.00	
Full Name of Contributor Marty & Carol Sullins						Registration Number, if PAC							
Street Address 1457 Havencrest Ct.			Employer/Occupation/Labor Organization* Bar Owner				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43220		M 0		D 4		Y 1 8 0 5		Amount 200.00	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		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)]

Page Total \$ 395.00