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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

SV 60 11 F.W							<u>-</u>		
Name of Committee in Full	:1								
Harmon for Columbus City Cou	ncii		D		i co				
Full Name of Contributor				Registration Number, if PAC					
John Byrom									
Street Address	1	tion/Labor Organization*	-			Form (Cash, Check, etc.)			
345 E. Beaumont Rd.		mental Consultar				Check			
City	State	Zip Code	M	D	Y	Amount	• • • • •		
Columbus	ОН	43214	0 4		0 5		25.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	С			
Bob Fry									
Street Address	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1014 Dublin Rd.	Fry Con	Fry Contracting Co.				Check			
City	State	Zip Code	М	D	Y	Amount			
Columbus	OH	43230	0 4	1 8	0 5		100.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	C	"		
James Duvall									
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			Form (Cash, Ch				
6515 Plesenton Drive, S.	Attorney	Attornev				Check			
City	State	Zip Code	М	D	Y	Amount			
Worthington	OH	43085	0 4	1:8	0 5		50.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	C			
Paul Dumouchelle									
Street Address				Form (Cash, Check, etc.)					
8832 Nairn Ct.	Environ	Environmental Consultant				Check			
City	State	Zip Code	М	D	Y	Amount			
Dublin	ОН	43017	0.4	118	0   5		20.00		
Full Name of Contributor		1001,			ber, if PA	C	20.00		
Marty & Carol Sullins			ľ		,				
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	eck. etc.)		
1457 Havencrest Ct.		Bar Owner				Check			
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43220	$0 \mid 4$	i .	0 5		200.00		
Full Name of Contributor		10220			ber, if PA	 C	200.00		
Full Name of Contributor									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
Street Address	Employen occup	Employer/Occupation/Bason Organization				r om (cush, cheek, etc.)			
C'-	State	Zip Code	М	D	Y	Amount			
City	State	Zip Code	141		1	Amount			
F. 11.11 (C) 11.41.1		<u> </u>	Dogistro	tion Num	ber, if PA				
Full Name of Contributor			Registia	non Num	bei, ii FA	C			
	IF1(0	.:				F (C 1 . CI	1		
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)		
		Ia: O 1			1 37				
City	State	Zip Code	M	D	Y	Amount			
		1	-						
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
				,					
City	State	Zip Code	M	D	Y	Amount			
quired for contributions from individuals over \$100 to statewi	do and general accembly candi	lotes. If contributor is salf am	played the o	agunatia		nama of 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 \$ 395.00