

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Harvey for Bexley Auditor							
Full Name of Contributor John and Patty Offenber					Registration Number, if PAC		
Street Address 33 N Roosevelt Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0	D 8	Y 1 9	Amount 25.00	
Full Name of Contributor Andrew Mills					Registration Number, if PAC		
Street Address 2678 Bexley Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0	D 9	Y 1 0	Amount 50.00	
Full Name of Contributor J. B. Graham					Registration Number, if PAC		
Street Address 550 Clav Ave. Apt. 6B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Scranton	State P A	Zip Code 18510	M 0	D 9	Y 1 5	Amount 250.00	
Full Name of Contributor Tom and Darina Vogel					Registration Number, if PAC		
Street Address 247 S Ardmore Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O O	Zip Code 43209	M 0	D 9	Y 1 8	Amount 60.00	
Full Name of Contributor Brad and Abby Feinkhopf					Registration Number, if PAC		
Street Address 263 S Ardmore Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0	D 9	Y 1 8	Amount 60.00	
Full Name of Contributor Larry and Nancy Braverman					Registration Number, if PAC		
Street Address 77 N Ardmore Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O O	Zip Code 43209	M 0	D 9	Y 1 8	Amount 60.00	
Full Name of Contributor David Dachner					Registration Number, if PAC		
Street Address 226 S Dawson Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0	D 9	Y 1 9	Amount 35.00	
Full Name of Contributor Rick and Marlee Snowdon					Registration Number, if PAC		
Street Address 326 N Columbia Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0	D 9	Y 2 1	Amount 250.00	

* 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 \$ 790.00