

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Harvey for Bexlev Auditor					
Full Name of Contributor Julia Monte			Registration Number, if PAC		
Street Address 1399 Brookwood Pl.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) cash		Amount 25.00
Full Name of Contributor Roger Hoev			Registration Number, if PAC		
Street Address 3028 Hager Lane	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Glenwood Springs	State C O	Zip Code 81601	Form(Cash,Check,etc) cash		Amount 25.00
Full Name of Contributor Scott and Amy Huggins			Registration Number, if PAC		
Street Address 648 Kellner Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) cash		Amount 40.00
Full Name of Contributor David and Cheryl Benvi			Registration Number, if PAC		
Street Address 85 S. Virginia Lee Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) cash		Amount 40.00
Full Name of Contributor Ryan Benvi and Elizabeth Waterman			Registration Number, if PAC		
Street Address 1000 S. Roosevelt Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Bexlev	State O H	Zip Code 43209	Form(Cash,Check,etc) cash		Amount 40.00
Full Name of Contributor Eileen Woodward			Registration Number, if PAC		
Street Address 419 S. Chesterfield Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) cash		Amount 40.00
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

620.⁰⁰

520.⁰⁰

Total expenditures this event

320.⁰⁰

Page Total \$ 210.00