

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|---------------------|---|---------------|---------------|--|-------------------------|--|
| Name of Committee in Full Harvey for Bexley Auditor | | | | | | | |
| Full Name of Contributor Bob Chapman | | | | | Registration Number, if PAC | | |
| Street Address 971 S Roosevelt Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Bexley | State O H | Zip Code 43209 | M 1 | D 1 | Y 0 | Amount 25.00 | |
| Full Name of Contributor Bob Behal | | | | | Registration Number, if PAC | | |
| Street Address 2531 Brentwood Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Bexley | State O H | Zip Code 43209 | M 1 | D 1 | Y 0 | Amount 100.00 | |
| 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.) | | |
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| 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 \$ 125.00