•	1
Page	1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Consultant in 5.8								
Name of Committee in Full								
Harvey for Bexley Auditor								
uti Name of Contributor			Registr	Registration Number, if PAC				
Bob Chapman		<u>.</u>						
Street Address	Employer/Occu	pation/Labor Organization ^a	•			Form (Cash, Check, etc.)		
971 S Roosevelt Rd.						check		
City	State	Zîp Code	М	Ð		Amount		
Bexley	ОН	43209	1 1	0 4	1 3	25.00		
Full Name of Contributor			Registr	ation Nu	mber, if F	PAC		
Bob Behal				_				
Street Address	Employer/Occu	pation/Labor Organization ⁴				Form (Cash, Check, etc.)		
2531 Brentwood Rd						check		
City	State	Zip Code	М	0	Y	Amount		
Bexley	ОН	43209	1111	0 5	1 3	100.00		
Full Name of Contributor	<u> </u>	<u>'</u>		4	mber, if P			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
•	1	'	1					
Full Name of Contributor		<u> </u>	Registr	ation Nu	mber. if P	'AC		
				Registration Number, if PAC				
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
		Employer/Occupation/Labor Organization				, , , , , , , , , , , , , , , , , , , ,		
City	State	Zip Code	Тм	D	ΙΥ	Amount		
aty	State	ZIP COOL	",	;	;	Amount		
Full Name of Contributor	1		Paciete	ation Nu	mber, if P			
rus Name of Contribution			negasu	auch Hu	awei, ii r	AC		
					Form (Cash, Check, etc.)			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				roim (Cash, Check, etc.)		
o:		17. 6.1	Т.,	T o	Tv	B		
City	State	Zip Code	M _i	D :	Y	Amount		
				<u> </u>	يبلبا			
Full Name of Contributor	Registr	Registration Number, if PAC						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	<u></u>	,						
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registr	ation Nu	mber, if P	AC		
						-		
treet Address Employer/Occupation/Labor Organization*			•		Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if						PAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
			11	;				
	<u> </u>	<u> </u>		<u> </u>		massing and the game 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 \$ 125.00