

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Harvey for Bexley Auditor					
Full Name of Contributor Mary Schleppi			Registration Number, if PAC		
Street Address 277 S. Ardmore Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Elizabeth Garrett			Registration Number, if PAC		
Street Address 269 S. Ardmore Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) cash		Amount 40.00
Full Name of Contributor Joe Schleppi			Registration Number, if PAC		
Street Address 277 S. Ardmore	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) cash		Amount 60.00
Full Name of Contributor Ann Brennan			Registration Number, if PAC		
Street Address 170 S. Stanwood Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Pete and Suzanne Klingelhofer			Registration Number, if PAC		
Street Address 2355 Sherwood Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) check		Amount 60.00
Full Name of Contributor Jim and Kitty Soldano			Registration Number, if PAC		
Street Address 2245 Bryden Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Marge and Mike Gire			Registration Number, if PAC		
Street Address 389 S. Drexel	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc)		Amount 150.00

* 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)]

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

610.⁰⁰

Total expenditures this event

Page Total \$ **610.00**