T CO CO CONTROL CONTRO
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Richard Sharp for Bexley City C	Council						
Full Name of Contributor				Registration Number, if PAC			
Frank Luchsinger							
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)	
50 S. Remington Road					Check		
City	State	Zip Code	М	D	Y	Amount	AND THE PROPERTY OF THE PROPER
Bexlev	OH	43209	0 9	2 3	0 9		75.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Ken Turner							
Street Address	Employer/Occi				Form (Cash, Cl	neck, etc.)	
2501 Bexford Place					Check		
City	State	Zip Code	М	D	Y	Amount	***************************************
Bexley	OH	43209	0 9	2 5	0 9		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	vC	
Kay Holley							
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
115 S. Remington Road						Check	
City	State	Zip Code	М	D	Y	Amount	
Bexley	OH	43209	0 9	28	0 9		20.00
Full Name of Contributor			Registra	tion Num	ber, if PA	vC	
John Edward Hess						Market State	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
142 S. Ardmore Road		·	Check				
City	State	Zip Code	M	D	Y	Amount	
Bexley	OH	43209	0 9	2 9			200.00
Full Name of Contributor			Registra	ition Num	ber, if PA	/C	
Joseph Palmer							
Street Address	Employer/Occi				Form (Cash, Check, etc.)		
486 Northview Drive				-	nganamakanamanga	Check	
City	State	Zip Code	M	D	Y	Amount	~** oo
Bexley	OH	43209	1 0	alimananan mananan	0 9		25.00
Full Name of Contributor			Registra	ition Nun	iber, if PA	AC	
Sybilla Prest						F (C 1 6)	
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, C	heck, etc.)
496 N. Drexel		17. 0.1	1 16	T	T 37	Check	annes de la company de la comp
City	State	Zip Code	M	D	Y	Amount	20.00
Bexley	OH	43209	10	0 2 ation Num	1019 has is DA		20.00
Full Name of Contributor			Registra	mon nun	ider, ii P	AC .	
Mark Coffey Street Address	[Fander on/Occo	upation/Labor Organization*				Form (Coch C	haoir ato)
	Employer/Occ	:			Form (Cash, Check, etc.) Check		
2600 Fair Avenue	State	Zip Code	M	D	Y	Amount	Newsbarrassurestantestantestantestantestantestantestantestantestantestantestantestantestantestantestantestante
i ·	OH	43209	110	012	019	ä	25.00
Bexley Full Name of Contributor	IVII	43407		tion Nun			.00.00
			годин	uon ivan	1001, 11 1 2	.0	
James Johnson Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2333 Sherwood Road	Employer/Occupation Labor Organication			Check			
City	State	Zip Code	I M	D	ΙY	Amount	nidolamno ambananian imperioristas
Bexley	OH	43209	1 0	1 .	1 .	Na contract of the contract of	25.00
PEVICA		TESTED 1	LLLY	LVL	1417	N	VV. Uar

Page Total \$ 490.00

<sup>\*</sup> 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)]