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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

G							
Name of Committee in Full	ı						
Richard Sharp for Bexley City Council	<u> </u>						
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Richard Sharp							
Street Address	Description of Item or Service			D	Y	Fair Market Value	
845 College Avenue	1.5 reams printer paper		1 0	2 6	1 3	3 1:	2.81
City	State Zip Code			Received at Fundraising Event?			
Bexley	$O \mid H$	43209		YES		✓ NO	
Full Name of Contributor	Employer, Occu	Registration Number, if PAC					
	Simpley on, o companion, zacon organization		,				
Street Address	Description of Item or Service		М	D	ΙΥ	Fair Market Value	
			1 "	Ιĩ	1 1		
City	State	Zip Code	Receive	d at Fund	traisina l	Event?	
	State	Zip Code	1000	YES	nuising i	No	
Full Name of Contributor	F 1 O	pation, Labor Organization *	<u> </u>		1 'CT		
Tan Paine of Controllor	Employer, Occu	Registration Number, if PAC					
C A 11	TD	g '	+	1 5	1 17	In a value and	
Street Address Description of		em or Service	M	D	Y	Fair Market Value	
			44	<u> </u>	J		
City	State	Zip Code	Receive	d at Func	lraising l		
				YES		_	•
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Nun	iber, if F	PAC	
Street Address	Description of Item or Service		М	Ð	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	traising I	Event?	
				] YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Тү	Fair Market Value	
	'		1 1	lт	L		
 City	State	Zip Code	Receive	d at Fund	Iraisina I	L. Svent?	
·,	I	Zip Code		YES	in unsting i	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Tun Name of Controlicor	Employer, Occu	Registra	mon Nun	ibci, ii r	AC.		
C4 A 11	D C C		1,4	T 5	T 12	TR 1 46 1 416 1	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
		1					
City	State	Zip Code	Receive	d at Fund	traising l	_	
				YES		∐NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Nun	nber, if F	PAC	
Street Address ,	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	lraising 1	Event?	
			1 [	YES	•	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
	isinproyer, Occupation, Labor Organization				,		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
			1 1	Ιí	1 1	Tan Hanket Value	
City	State	Zip Code	Pensing	d at Fund	Iraising 1	Fuant?	
ony .	Jane	Zip Code	Keceive	•	maisilig !	NO NO	
		1	$\bot$	YES			

<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)]