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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							5900mmpress	
Richard Sharp for Bexley City Council								
Full Name of Contributor			Dooista	ria - Ni	L - CDA			
Cynthia Levy			Kegistra	ition Num	der, ii PA	C		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check	etc \	
18 Lyonsgate	1	3				Check	., c.c.,	
City	State	Zip Code	M	l D	Y	Amount		
Bexley	OH	43209	1 .	1 6	1	Amount	50.00	
Full Name of Contributor				tion Num		C	00.00	
Thomas Vogel								
Street Address	Employer/Occup	pation/Labor Organization*	_L		· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check	etc)	
621 S. Cassingham Road		-				Check	, 0007	
City	State	Zip Code	M	D	Y	Amount		
Bexley	OH	43209	Į.	1 6			25.00	
Full Name of Contributor	1011			tion Num	No.	C	25.00	
Sean Turner			1 8		,			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check	i, etc.)	
975 College Avenue						Check	, ,	
City	State	Zip Code	M	D	Y	Amount		
Bexley	OH	43209	1110	1 6	0 9		25.00	
Full Name of Contributor			Contraction of the Contraction o	tion Num	Control of the last of the las	C	20.00	
Kim Kellogg								
Street Address	Employer/Occup	pation/Labor Organization*	- American	NACTORNAL DE LA CONTRACTORNAL DE		Form (Cash, Check	., etc.)	
2715 Sherwood Road	2715 Sherwood Road				Check			
City	State	Zip Code	M	D	Y	Amount		
Bexley	OH	43209	110	1 9	0 9		30.00	
Full Name of Contributor				tion Num		C		
Catherine Dupuy								
Street Address	Employer/Occup	ation/Labor Organization*		***************************************		Form (Cash, Check	, etc.)	
829 Francis Avenue						Check		
City	State	Zip Code	M	D	Y	Amount		
Bexley	OH	43209	1 0	1 9	0 9		20.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Patricia James								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check	, etc.)	
865 Francis Avenue						Check		
City	State	Zip Code	M	D	Y	Amount		
Bexley	OH	43209	1 0	2 0	0 9		15.00	
Full Name of Contributor	N N		Registra	tion Num	ber, if PA	С		
Jane Scheiber			ı					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check	, etc.)	
2555 Bryden Road						Check		
City	State	Zip Code	M	D	Y	Amount		
Bexley	OH	43209	1 0	2 0	0 9		25.00	
Full Name of Contributor			Registra	tion Num		C		
LaRue Clauter				W10-00-0	***********************			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
791 Grandon Avenue						Check		
City	State	Zip Code	М	D	Y	Amount		
Bexley	OH	43209	1 0	2 0	0 9		25.00	

Page Total \$	215.00

^{*} 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)]