

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Richard Sharp for Bexley City Council							
Full Name of Contributor Cynthia Levy					Registration Number, if PAC		
Street Address 18 Lyonsgate		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Thomas Vogel					Registration Number, if PAC		
Street Address 621 S. Cassingham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor Sean Turner					Registration Number, if PAC		
Street Address 975 College Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor Kim Kellogg					Registration Number, if PAC		
Street Address 2715 Sherwood Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount 30.00	
Full Name of Contributor Catherine Dupuy					Registration Number, if PAC		
Street Address 829 Francis Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount 20.00	
Full Name of Contributor Patricia James					Registration Number, if PAC		
Street Address 865 Francis Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 2	Amount 15.00	
Full Name of Contributor Jane Scheiber					Registration Number, if PAC		
Street Address 2555 Bryden Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor LaRue Clauter					Registration Number, if PAC		
Street Address 791 Grandon Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 2	Amount 25.00	

* 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)]