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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 Cou	ncil								
Ill Name of Contributor				Registration Number, if PAC					
Grant Perks									
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
391 S. Gould								Check	
City	State	Zip Code	М	D		Y	Amount		
Bexley	OH	43209	110	1	ol	0 9		100.00	
Full Name of Contributor					~~~	per, if PA	\C		
Jack Lucks									
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			enterio		Form (Cash, Check, etc.)		
152 N. Drexel							Cash		
City	State	Zip Code	М	D	٦	Y	Amount	moneyeanannanokeanannen-partaman	
Bexley	OH	43209	1 0	1	3	0 9		100.00	
Full Name of Contributor			Registr	ation N	uml	oer, if PA	\C		
Jeffrey Ellison									
Street Address	Employer/Occi	upation/Labor Organization*			STOCKSON		Form (Cash, C	Check, etc.)	
341 S. Ardmore Road							Check		
City	State	Zip Code	М	D		Y	Amount	THE PARTY OF THE P	
Bexley	OH	43209			3	0 9		100.00	
Full Name of Contributor			Registr	ation N	uml	ber, if PA	AC .		
Helen B. Thomas					(2000)				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
742 Kenwick Road, Apt. D					wanne		Check		
City	State	Zip Code	М	D		Y	Amount		
Columbus	OH	43209	1 0	embrane rancos	0	0 9		25.00	
Full Name of Contributor			Registr	ation N	uml	ber, if PA	AC.		
Street Address	[r]/()	upation/Labor Organization*					Form (Cash, C	Wash ata	
Direct Address	Employer/Occi	apation/Labor Organization					roim (Casii, (Meck, etc.)	
City	State	Zip Code	I M	l D	1	Y	Amount	***************************************	
City	State	Zip code	I W			1	Milount		
Full Name of Contributor			Registr	ation N	uml	ber, if PA	\C		
an rumo or commontor			1.35.20		*****	, ** * * * *			
Street Address	Employer/Occi	upation/Labor Organization*			(andress)	0.000,000,000,000,000,000,000,000,000,0	Form (Cash, C	Check, etc.)	
								, , ,	
City	State	Zip Code	М	D		Y	Amount	Составления при	
Full Name of Contributor			Registr	ation N	um	ber, if PA	AC		
OCHRES CONTRACTOR CONT									
Street Address	Employer/Occ					Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	-	Y	Amount	MEDICIONI DE L'ANDRE MODELLE PROPERTIE DE L'ANDRE DE L'	
			1						
Full Name of Contributor			Registr	ation N	um	ber, if P/	AC		
TO THE PROPERTY OF THE PROPERT									
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			position (danie i danie d	Form (Cash, 0	Form (Cash, Check, etc.)	
City	State	Zip Code	М	D		Y	Amount		
aminal for anothibutions from individuals over \$100 to statewide	and consultance the se	ndidatas If anntributor is salf or	anlawad th	~ ^ ^ ^ ^	otic	o and th	a nama aftha		

* 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)]

Page Total \$ 325.00