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Management of the Company of the Com

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	mq b-g:						
Richard Sharp for Bexley City C	L'ouncil L'ouncil						
Full Name of Contributor				Registration Number, if PAC			
Carol Pfau		especianing and microsophish propriet propriet promise make place and control of which will define a reduce to the control of					
Street Address	Employer/Occi				Form (Cash, Cl	neck, etc.)	
93 S. Remington Road					*****************	Check	
City	State	Zip Code	М	D	Y	Amount	
Bexley	OH	43209	1 0	0 5	0 9		25.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	C	
Theresa Stevens			2000				
Street Address	Employer/Occi				Form (Cash, Cl	neck, etc.)	
318 N. Ardmore Road	34 m				Check		
City	State	Zip Code	M	D	Y	Amount	CONTRACTOR OF THE PROPERTY OF
Bexlev	OH	43209	10	0 6	0 9		10.00
Full Name of Contributor				DOMESTIC STATE OF THE STATE OF T	ber, if PA	.C	
Constance Freundlich							
Street Address	Employer/Occ				Form (Cash, Cl	heck, etc.)	
63 S. Dawson					Check		
City	State	Zip Code	М	T D	ΙΥ	Amount	
Bexlev	OH	43209	110	I	0 9		25.00
Full Name of Contributor			concentration and the contration of the contrati	Section Commission Commission	ber, if PA	L C	
Beverly Finley			1.05		,		
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Cl	neck etc.)
	Employen		Check			noon, ow.	
957 S. Remington Road City	State	Zip Code	М	l D	Y	Amount	
g ·		1 ^	I .	1		Amount	10.00
Bexley Full Name of Contributor	OH	43209	1 0		ber, if PA		10.00
			Registra	mon nun	iber, ii ra	iC .	
Anna Marie Lisska		······································				r (O1- O	L - 1 4 - \
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Cl	песк, екс.)
2828 Bellwood Avenue				_	-	Check	and the second s
City	State	Zip Code	M	D	Y	Amount	~ ~ ~ ~ ~ ~
Bexley	OH	43209	10		0 9		25.00
Full Name of Contributor			Registra	ition Nun	iber, if PA	/C	
Brenda Mossor	na di mangangan kanangan kanangan kanangan kanan k						
Street Address	Employer/Occ				Form (Cash, Cl	heck, etc.)	
932 Chelsea Avenue			-	tugakkisikalan tarihikaka	ng-man)samususususus	Check	
City	State	Zip Code	М	D	Y	Amount	
Bexley	OH	43209	1 0				25.00
Full Name of Contributor			Registra	tion Nun	iber, if PA	/C	
Lori Silverstein Feuer				onavilana manasi saw		VIII VAN III III II	
Street Address	Employer/Occ				Form (Cash, Cl	heck, etc.)	
137 S. Merkle	automorphic de la constant de la con					Check	
City	State	Zip Code	M	D	Y	Amount	
Bexley	OH	43209	10	10	0 9		20.00
Full Name of Contributor			Registra	ation Nun	nber, if PA	\C	
Joan Wallick							
Street Address	Employer/Occ				Form (Cash, C	heck, etc.)	
6 Lyonsgate	Eurobasystemistris.				Check		
City	State	Zip Code	М	D	Y	Amount	
Bexley	OH	43209	10	110	0 9		100.00
							***************************************

Page Total \$ 240.00

<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)]