

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 Barbara Giller					Registration Number, if PAC		
Street Address 210 Stanberry		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Ed Hamblin					Registration Number, if PAC		
Street Address 2630 Bryden Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Lori Reeves					Registration Number, if PAC		
Street Address 259 N. Remington Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Gail Storer					Registration Number, if PAC		
Street Address 804 S. Remington Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount 25.00	
Full Name of Contributor Eric McInturf					Registration Number, if PAC		
Street Address 864 Montrose Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount 25.00	
Full Name of Contributor Scott Hoover					Registration Number, if PAC		
Street Address 137 S. Cassingham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount 30.00	
Full Name of Contributor Mary R. Clark					Registration Number, if PAC		
Street Address 766 Vernon Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount 20.00	
Full Name of Contributor Helen B. Thomas					Registration Number, if PAC		
Street Address 742 Kenwick Road, Apt. D.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 0	D 9	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)]