

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Richard Sharp for Bexley City Council</b>				
Full Name of Contributor <b>Mary James</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>982 S. Remington Road</b>		Description of Item or Service <b>Food, beverage</b>		M   D   Y   Fair Market Value <b>1   1   0   15.00</b>
City <b>Bexley</b>		State <b>OH</b>	Zip Code <b>43209</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Theresa Stevens</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>318 N. Ardmore Road</b>		Description of Item or Service <b>Food, beverage</b>		M   D   Y   Fair Market Value <b>1   0   2   15.00</b>
City <b>Bexley</b>		State <b>OH</b>	Zip Code <b>43209</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Jane Scheiber</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>2555 Bryden Road</b>		Description of Item or Service <b>Food, beverage</b>		M   D   Y   Fair Market Value <b>1   1   0   35.05</b>
City <b>Bexley</b>		State <b>OH</b>	Zip Code <b>43209</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Richard Sharp</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>845 College Avenue</b>		Description of Item or Service <b>paper supplies</b>		M   D   Y   Fair Market Value <b>1   0   1   5.00</b>
City <b>Bexley</b>		State <b>OH</b>	Zip Code <b>43209</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* 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)]