Page	1

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Richard Sharp for Bexley City Council								
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Mary James								
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
982 S. Remington Road	Food, beverage		1 1	0 1	0 9		15.00	
City	State Zip Code		Received at Fundraising Event?					
Bexley	OH	43209		YES		✓NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Theresa Stevens								
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
318 N. Ardmore Road	Food, beverage		1 0	2 2	0 9		15.00	
City	State	Zip Code	Received		aising Ev			
Bexley	OH	43209		YES		✓NO		
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registration Number, if PAC					
Iane Scheiber								
Street Address	Description of Ite		M	D	Y	Fair Market Value		
2555 Bryden Road	Foc	od, beverage	1 1	0 3	0 9		35.05	
City	State	Zip Code	Received	l at Fundi	raising Ev	portores.		
Bexley	OH	43209		YES	00000000000000000000000000000000000000	✓NO		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	ion Num	ber, if PA	.С		
Richard Sharp								
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
845 College Avenue	par	oer supplies			0 9		5.00	
City	State	Zip Code	Received		raising Ev			
Bexley	OH	43209		YES	mananananan kabusilah kal	✓ 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	d at Fund	raising E	vent?		
				YES		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	Receive	d at Fund	raising E	vent?		
				YES		□NO		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC	edistantelinarethio/Nobeleachne	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
	****			YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	tion Nun	ber, if PA	AC	minus (m. 1944).	
Street Address	Description of Item or Service		M	D	ΙΥ	Fair Market Value		
Street Address			1 1					
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
				YES		NO		

Page Total \$	70.05

^{*} 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)]