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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 Counc	cil						
Full Name of Contributor			Registra	ation Nun	nber, if PA	\$C	
Elizabeth Clensy			100000	ILIOII , ta.,,	1001, 11 1 1 1	10	
Street Address	Employer/Occi	upation/Labor Organization*				Trans (Coch Che	
50 S. Dawson Avenue	, ,	paron and a parint				Form (Cash, Che	ack, etc.)
City	State	Zip Code	М	D	Т 📆	Check	
Bexley	OH	43209		1	Y	Amount	22.22
Full Name of Contributor	ULL	43407	1 0		0 9		30.00
Wasson J. Smith			Kegisira	tion Ivum	ber, if PA	rC	
Street Address	IEmployer/Occi	upation/Labor Organization*					
107 N. Stanwood Road	Diipioyen	pation/Labor Organization				Form (Cash, Che	ck, etc.)
City	State	In O. I.	T	·		Check	
Bexley	1	Zip Code	M	D	Y	Amount	
Full Name of Contributor	OH	43209		2 1	and the second second second	The same of the sa	10.00
Saralee Seckel			Registra	tion Num	ber, if PA	ъС	Control Contro
Street Address	- I=			~			
	Employer/Occu	pation/Labor Organization*			WANTED THE PARTY OF THE PARTY O	Form (Cash, Che	ck, etc.)
2646 Bexley Park Road						Check	
	State	Zip Code	М	D	Y	Amount	······································
Bexley	OH	43209	1 0	2 1	0 9		25.00
Full Name of Contributor		The state of the s			ber, if PA		
Kenneth Grace		<u></u>					
Street Address	Employer/Occu	pation/Labor Organization*			2000	Form (Cash, Che	ck, etc.)
812 College Avenue						Check	
City	State	Zip Code	М	D	Y	Amount	···
Bexley	OH	43209	1 0	2 3	1 1	B	25.00
Full Name of Contributor					ber, if PA		۷٠٠٠
Lynn Gyurcsik			SCHOOL			•	
Street Address	Employer/Occur	pation/Labor Organization*	_1			Form (Cash, Che	ck etc.)
420 S. Parkview Avenue						Check	on, occ.,
City	State	Zip Code	М	D	Y	Amount	
Bexley	OH	43209	1 0	1 1	0 9	R	50.00
Full Name of Contributor					ber, if PA		30.00
Barbara Hoyer				101.	,,,,,	C	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Chec	-b ata)
2569 Brentwood Road					Siconomic		ck, eic.)
City	State	Zip Code	М	D	Y	Check Amount	
Bexley	OH	43209	1 1		8	š	25.00
Full Name of Contributor		1 30207			0 9 per, if PAC		25.00
Jean Babbitt			1105101.4.	IOH I vuino)CF, 11 1 73.	C .	
Street Address	Employer/Occur	pation/Labor Organization*				- 10-1- Ch.	
135 N. Ardmore Road	**************************************	ation Labor Organization				Form (Cash, Chec	دk, etc.)
City City	State	Zip Code	1 3.6		· · · ·	Check	
Bexley	OH	43209	M	D	. 8	Amount	
Full Name of Contributor	<u> UII </u>	43209					25.00
Mary L. Bauer			Registrati	ion Numb	er, if PAC	3	
treet Address	Templayar/Occur	pation/Labor Organization*					
2363 Bexley Park Road	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
City	Ctate	To: O.1	1 1			Check	
Bexley	State	Zip Code	M	D		Amount	
Dexiey	OH	43209	11 0	3 1	0 9		50.00

Page Total \$	240.00
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^{*} 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)]