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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 Co	nıncil						
Full Name of Contributor			Registration Number, if PAC				
Gerald Maloney							
Street Address	Employer/Occi	E			Form (Cash, Ch	eck, etc.)	
275 S. Parkview					Check		
City	State	Zip Code	М	D	Y	Amount	ung guntaga sinakasi kechananan anakan menerapakan Kabab
Bexley	OH	43209	0 9		0 9		100.00
Full Name of Contributor			Registra	ition Num	ber, if PA	.C	
Larry Heiser							
Street Address	Employer/Occi				Form (Cash, Ch	eck, etc.)	
936 Vernon				0/2001000000000000000000000000000000000		Check	yakmyangiikkaan mennopolyyan mijekinkensi delimensiykii.
City	State	Zip Code	M	D	Y	Amount	
Bexley	OH	43209	0 9		0 9		25.00
Full Name of Contributor			Registra	ition Num	ber, if PA	ıC	
Dorothy McCoy		upation/Labor Organization*				E (0.1.0)	
Street Address	Employer/Occ				Form (Cash, Check, etc.)		
73 N. Roosevelt Avenue	management of the second	17' 6 1		7 5	T x7	Check	, , , , , , , , , , , , , , , , , , ,
City	State	Zip Code	M	D 14	Y	Amount	E0 00
Bexley Full Name of Contributor		43209	0 9	1 4 tion Num	0 9	ſ	50.00
			Registre	mon nun	1001, 11 1 7	iC.	
Julia Heiser Street Address	IEmployer/Occ	upation/Labor Organization*	COLORADO DE CO			Form (Cash, Ch	eck. etc.)
788 Chelsea	Employer Geoupanon Labor Grganization			Ch			,,
City	State	Zip Code	М	D	Y	Amount	PARAOUS HORSE STATE OF THE STAT
Bexley	OH	43209	0 9	115	019		50.00
Full Name of Contributor		2020		ation Nun	ber, if PA	\C	
Katie Boone							
Street Address	Employer/Occ				Form (Cash, Check, etc.)		
33 S. Ardmore Road	am and the second					Check	
City	State	Zip Code	M	D	Y	Amount	nearcan ann amh an t-aire ann an t-aire a
Bexley	OH	43209	0 9	1 6	0 9		25.00
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC .	
Cheryl Enders							
Street Address	Employer/Occ				Form (Cash, Check, etc.)		
904 College Avenue					militariori constructivo de la c	Check	rupungangan dikantan dikanan menangan bahan
City	State	Zip Code	M	D	Y	Amount	
Bexley	OH	43209		1 6			25.00
Full Name of Contributor			Registra	ation Nun	iber, if PA	AC .	
Keith Miller		upation/Labor Organization*				Fr (0 1 01	
Street Address	Employer/Occ				Form (Cash, Check, etc.)		
218 N. Ardmore Road	contraction and the second	Zip Code	1 1/	T 15	1 xz	Check	ana constituent manipulation de la constituent d
City	State	1	M	D	Y	Amount	10.00
Bexley Full Name of Contributor		43209	0 9	16 ation Nun		Basmanaamaanaanaanaanaan	10.00
			Kegisir	ation inul	1001, 11 FF		
Larry Ruben Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck. etc.)	
140 S. Columbia Avenue	Employe//Occ	Zampayon oocupation bacon organization			Check		
City	State	Zip Code	М	T D	ΙY	Amount	
Bexley	OH	43209	0 9	1 .	1 .	1	250.00
DUNITY	V.1.1	1 TO 400 U	LVIZ	112	1717	I.	in JUSU

\* 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)]

Page Total \$ 535.00