Dago	7
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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 Council									
Full Name of Contributor				Registration Number, if PAC					
Mrs. James Kennedy									
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check	t, etc.)		
2729 Columbus Avenue						Check			
City	State	Zip Code	M	D	Y	Amount			
Bexlev	OH	43209	0 9	10	0 9		20.00		
Full Name of Contributor Registration Number, if PAC									
Linda Lichtman									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
2580 Maryland Avenue	New York					Check			
City	State	Zip Code	М	D	Y	Amount			
Bexley	OH	43209	0 9	11	0 9		30.00		
Full Name of Contributor					ber, if PA	Č			
Linda Kass									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
267 N. Parkview						Check			
City	State	Zip Code	М	D	Y	Amount			
Bexley	OH	43209	0 9	1 1	0 9		50.00		
Full Name of Contributor			Registra	ition Num	ber, if PA	AC .			
Carolyn Chabot				na sananananananananananan	nnonessambh Salannsa	200			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
466 N. Columbia	DANAGO					Check			
City	State	Zip Code	M	D	Y	Amount			
Bexley	OH	43209	0 9	1 2	0 9		50.00		
Full Name of Contributor			Registra	ition Num	ber, if PA	VC.			
Robert M. Macklin									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
84 N. Stanwood				D-manuscottoric states	ogrammania orangena en	Check			
City	State	Zip Code	M	D	Y	Amount			
Bexley	OH	43209	0 9	erri kaya di kabanan kanan ya kata	SECURIO CONTRACTOR DE CONTRACT		50.00		
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC			
	Mary L. James								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
170 Saint Thomas Circle			uniques constantino		n Brazilianizon ezizarian	Check			
City	State	Zip Code	M	D	Y	Amount			
Apollo Beach	FL	33572	000000000000000000000000000000000000000	1 2			50.00		
Full Name of Contributor			Registra	ition Nun	ber, if PA	AC			
Judith A. Smith	eguarante de la composition de la comp		l .						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
261 N. Stanwood Road				m\$normannecone	marine in the second	Check			
City	State	Zip Code	M	D	Y	Amount	W 0 0 0		
Bexley	OH	43209	0 9	National Company of the Company of t	enformación consistencia de la consistencia della consistencia de la consistencia de la consistencia de la c		50.00		
Full Name of Contributor Registration Number, if PAC									
Diane Peterson			<u> </u>						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
233 S. Roosevelt Avenue					Check				
City	State	Zip Code	M	D	Y	Amount	per ca ca ca		
Bexley	OH	43209	0 9	1 2	0 9		50.00		

* 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)]

Page Total \$ 350.00