

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 Mrs. James Kennedy					Registration Number, if PAC		
Street Address 2729 Columbus Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Amount 20.00	
Full Name of Contributor Linda Lichtman					Registration Number, if PAC		
Street Address 2580 Maryland Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Amount 30.00	
Full Name of Contributor Linda Kass					Registration Number, if PAC		
Street Address 267 N. Parkview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Carolyn Chabot					Registration Number, if PAC		
Street Address 466 N. Columbia		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Robert M. Macklin					Registration Number, if PAC		
Street Address 84 N. Stanwood		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Mary L. James					Registration Number, if PAC		
Street Address 170 Saint Thomas Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Apollo Beach	State FL	Zip Code 33572	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Judith A. Smith					Registration Number, if PAC		
Street Address 261 N. Stanwood Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Diane Peterson					Registration Number, if PAC		
Street Address 233 S. Roosevelt Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Amount 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