

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 Harlan W. Robins					Registration Number, if PAC		
Street Address 25 Sessions Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 9	D 0 5	Y 1 3	Amount 250.00	
Full Name of Contributor Constance B. Freundlich					Registration Number, if PAC		
Street Address 63 S. Dawson		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 9	D 0 6	Y 1 3	Amount 50.00	
Full Name of Contributor Emi Brack					Registration Number, if PAC		
Street Address 303 N. Cassingham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Bexley	State O H	Zip Code 43209	M 0 9	D 2 3	Y 1 3	Amount 10.00	
Full Name of Contributor Dale H. James					Registration Number, if PAC		
Street Address 170 Saint Thomas Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Apollo Beach	State F L	Zip Code 33572	M 0 9	D 3 0	Y 1 3	Amount 35.00	
Full Name of Contributor Mark Masser, JDJ Masser LLC					Registration Number, if PAC		
Street Address 2479 Fair Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1 1	D 0 5	Y 1 3	Amount 50.00	
Full Name of Contributor Kyle Katz					Registration Number, if PAC		
Street Address 336 S. Columbia Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1 1	D 1 3	Y 1 3	Amount 100.00	
Full Name of Contributor Richard Sharp					Registration Number, if PAC		
Street Address 845 College Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Bexley	State O H	Zip Code 43209	M 0 1	D 3 0	Y 1 3	Amount 5.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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 \$ 500.00