

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Richard Sharp for Bexley													
Full Name of Contributor James L Wasserstrom							Registration Number, if PAC						
Street Address 18 Ashbourne Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Bexley		State OH		Zip Code 43209		M 0		D 8		Y 2 8 1 7		Amount \$125.00	
Full Name of Contributor Franklin E Kass							Registration Number, if PAC						
Street Address 150 E Broad St, Suite 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43215		M 0		D 8		Y 2 9 1 7		Amount \$100.00	
Full Name of Contributor Eric Wasserstrom							Registration Number, if PAC						
Street Address 201 N Drexel Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Bexley		State OH		Zip Code 43209		M 0		D 9		Y 0 1 1 7		Amount \$100.00	
Full Name of Contributor Soneta E Masser							Registration Number, if PAC						
Street Address 3471 E Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus OH		State OH		Zip Code 43213		M 0		D 8		Y 2 8 1 7		Amount \$100.00	
Full Name of Contributor Diane Gosser							Registration Number, if PAC						
Street Address 2731 Sherwood Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Bexley		State OH		Zip Code 43209		M 0		D 8		Y 3 0 1 7		Amount \$100.00	
Full Name of Contributor James Taylor							Registration Number, if PAC						
Street Address 2700 E Main St			Employer/Occupation/Labor Organization* Taylor Financial Management				Form (Cash, Check, etc.) Check						
City Bexley		State OH		Zip Code 43209		M 0		D 8		Y 2 4 1 7		Amount \$150.00	
Full Name of Contributor Wayne Heym							Registration Number, if PAC						
Street Address 789 Euclaire Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Bexley		State OH		Zip Code 43209		M 0		D 9		Y 1 8 1 7		Amount \$25.00	
Full Name of Contributor Kyle Katz							Registration Number, if PAC						
Street Address 336 S Columbia Av			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Bexley		State OH		Zip Code 43209		M 0		D 9		Y 1 1 1 7		Amount \$250.00	

* 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 also appear. [R.C. 3517.10(B)(4)]