



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Oberle For Sharon Township				
Full Name of Contributor Mark Stephen Krausz			Registration Number, if PAC	
Street Address 5030 Sharon Hill Dr.		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 09/15/2017	Amount \$200.00
Full Name of Contributor Central Ohio Realtors Pol Political			Registration Number, if PAC	
Street Address 2700 Airport Dr.		Employer/Occupation/Labor Organization* PAC		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 08/30/2017	Amount \$500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$700.00**