☐ Other. Please explain: _



| | | on of Treas | surer | |
|---|--|-----------------------------|--|----------------|
| All Committees | Prescribed | by Secretary of State 07/05 | 2017 JUL 1 1 | AM 9: 13 |
| ull Name of Committee | 3822.44 | | FRANKLIN | UUUNT'I |
| Oberle for Sharon Township Co | mmittee | | 40 890 OF | FLECTIONS |
| Greet Address 60 W. Southington Ave | Telephone | | e-mail Address oberleforsharontownship@gmail.com | |
| Dity | Southington Ave (614) 256-3616 State Zip Code | | FAX Number | |
| Worthington | ОН | 43085 | The Control | |
| 'ull Name of Treasurer | * | | | |
| Lori K. Oberle treet Address | Im | | | |
| 60 W. Southington Ave. | Telephone (614) | 256-3616 | e-mail Address oberleforsharontownship@gmail.com | |
| Sity | State | Zip Code | FAX Number | |
| Worthington | ОН | 43085 | | |
| ull Name of Deputy Treasurer (if any) | | | | |
| treet Address Telephone Number | | Number | e mail Address | |
| neet Address | Telephone | Trailloci | e-mail Address | |
| City | State | Zip Code | FAX Number | |
| | ОН | | | |
| Candidate's Campaign Con | mittees Only | | | |
| ull Name of Candidate | | | Party Affiliation/Independent/Non- | Partisan |
| John H. Oberle eet Address Office Sought | | Non-Partisan | | |
| treet Address 60 W. Southington Ave. | | ship Trustee | Subdivision/District Township | |
| ity | State | Zip Code | Election Year | |
| Worthington | ОН | 43085 | 2017 | |
| ignature of Candidate | | | Date | |
| John 12. Obula | | | 4/11/17 | |
| Political Action Committees | Only | | | |
| s the PAC sponsored by a labor If Yes, name the sponsor rganization or corporation? | | | A | cronym, if any |
| ■ No □ Yes. AC Registration Number Authorized Signature | | Date | List any affiliated PACs | |
| | | | | |
| Political Parties, Political Contribu | ting Entities, | | | |
| or Legislative Campaign Funds Or | ıly | | | |
| Authorized Signature | | Date | Ballot Issue PAC? Yes | □ No |
| | | | Lifes | NO |
| Son L. Cherle | | | 7/1/17 | |
| ignature of Treasurer | | | 7/11/17 | |
| eason(s) for filing this form: Original Designation of Treasurer/Ac Change of Treasurer/Acknowledgem Designation or change of Deputy Tre Change of Address for | ent of Appointment asurer | | | _ |
| Change of Committee name. The pre | vious name was: _ | | | |
| ☐ Change of Filing Location. The previous | | | | |
| The new | location is: | | | |

☐ Change of Office Sought from _______to _____