

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Oberle for Sharon Township							
Full Name of Contributor Schottenstein, Zox & Dunn, State and Local PAC					Registration Number, if PAC 25-2-440		
Street Address 250 West St		Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 1	Y 0 9	Amount 500.00	
Full Name of Contributor Worthington Republican Club					Registration Number, if PAC		
Street Address 526 Haymore Ave N		Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1 0	D 2 1	Y 0 9	Amount 50.00	
Full Name of Contributor Joel C. Mazza					Registration Number, if PAC		
Street Address 155 W. Southington		Employer/Occupation/Labor Organization* Burgess Street Rental			Form (Cash, Check, etc.) Cash		
City Worthington	State O H	Zip Code 43085	M 1 0	D 3 0	Y 0 9	Amount 100.00	
Full Name of Contributor John D. Jolley					Registration Number, if PAC		
Street Address 491 Loveman Avenue		Employer/Occupation/Labor Organization* Grange Insurance			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1 0	D 1 6	Y 0 9	Amount 50.00	
Full Name of Contributor Douglas Talbott					Registration Number, if PAC		
Street Address 225 W. Campus View Blvd.		Employer/Occupation/Labor Organization* Self			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 2 4	Y 0 9	Amount 50.00	
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	
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	
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 \$ 750.00