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Statement of Contributions Received

Prescribed by Secretary of State 3/05

51 CO 11 D 11							-	
Name of Committee in Full								
Oberle for Sharon Township Full Name of Contributor					Registration Number, if PAC			
Schottenstein, Zox & Dunn, State and Local PAC			25–2-440					
Street Address		Form (Cash, Check, etc.)						
	Employer/Occupation/Labor Organization* NA					Check		
250 West St	IN A State Zip Code			D	Y	Amount		
City Columbus	OH	43215	$\begin{vmatrix} M \\ 1 \end{vmatrix} 0$		0 9	500.0	0	
Full Name of Contributor Registra							-	
Worthington Republican Club			3					
Street Address	Employer/Occup				Form (Cash, Check, etc.)	***********		
526 Haymore Ave N	NA .				Check			
City	State	Zip Code	М	D	Y	Amount		
Worthington	$O \mid H$	43085	1 0	2 1	0 9	50.0	0	
Full Name of Contributor	Registration Number, if PA							
Joel C. Mazza								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
155 W. Southington	Burgess Street Rental					Cash		
City	State	Zip Code	М	D	Y	Amount		
Worthington	$O \mid H$	43085	1 0			100.0	()	
Full Name of Contributor	Registration Number, if PA					С		
John D. Jolley								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
491 Loveman Avenue	Grange Insurance			1	1 ,	Check		
City	State	Zip Code	M	D	Y	Amount	0	
Worthington	ОН	43085	1 0	and an arrange of the state of		50.0	IU.	
Full Name of Contributor Registration Number, if PAC								
Douglas Talbott Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
Street Address	Employer/Occupation/Labor Organization*					Check		
225 W. Campus View Blvd.	Self	М	D	Y	Amount			
Colors	State H	Zip Code 43235	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$	1 .		50.0	n	
Columbus Full Name of Contributor		<u> 40400</u>					/ (<i>)</i>	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	*****	
3	Employen cocapanous autor organization					, , ,		
City	State	Zip Code	М	D	Y	Amount		
					200			
Full Name of Contributor	diament de la company de la co		Registra	ation Nun	ber, if PA	C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
					100		D2507444	
Full Name of Contributor	C							
0.000					Form (Cook Chook etc.)			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
C).	Ctata	7 in Code	М	D	Y	Amount		
City	State	Zip Code	I IVI	٦ ا	ı	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