31-J-1	
R.C. 3517.1	ĺ

## **In-Kind Contributions Received**

Page \_**3**\_\_\_\_

Prescribed by Secretary of State 03/05

Name of Committee in Full					
		_			
Oberk For Sharen Town	Employer, Occupation	on, Labor Organization*	Registration Number, if PAC		
T O					
Street Address	Description of Item of	Lawye T	M D Y Fair Market Value		
Full Name of Contributor  Tohn H. Oberte  Street Address  60 W. Southington Ave.  City  Worthmaten  Full Name of Contributor	Postoget	Photocopics Zip Code	101513 210.24		
City	OH State	Zip Code イネルト C	Received at Fundraising Event?		
Full Name of Contributor	Employer Occupation		Registration Number, if PAC		
Tan Name of Community	Employer, Occupation, Labor Organization*		Registration Number, if the		
Street Address	Description of Item or Service		M D Y Fair Market Value		
City	Sta te	Zip Code	Received at Fundraising Event?		
Full Name of Contributor	Employer, Occupation	on, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item of	or Service	M D Y Fair Market Value		
City	Sta te	Zip Code	Received at Fundraising Event?		
			☐ YES ☐ NO		
Full Name of Contributor	Employer, Occupation	on, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item of	or Service	M D Y Fair Market Value		
City	Sta te	Zip Code	Received at Fundraising Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or Service		M D Y Fair Market Value		
City	Sta te	Zip Code	Received at Fundraising Event?		
			☐ YES ☐ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item of	or Service	M D Y Fair Market Value		
City	Sta te	Zip Code	Received at Fundraising Event?		
E. II.V	Employee Occupati	on, Labor Organization*	YES NO Registration Number, if PAC		
Full Name of Contributor	Employer, Occupati	on, Lacor Organization	Registration (vanion), it 1AC		
Street Address	Description of Item or Service		M D Y Fair Market Value		
City	Sta te	Zip Code	Received at Fundraising Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or Service		M D Y Fair Market Value		
City	Sta te	Zip Code	Received at Fundraising Event?		
l			☐ YES ☐ NO		

Page Total \$ 210. 24

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]