

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | |
|--------------------------------------|---|---|-----------------------|
| Oberle for Sharon Township Committee | | | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC | |
| John H. Oberle | Ice Miller, Lawyer | | |
| Street Address | Description of Item or Service | M | D Y Fair Market Value |
| 60 W. Southington Ave. | Postage + Photocopies | 1 | 1 0 8 1 3 516.61 |
| City | Sta te Zip Code | Received at Fundraising Event? | |
| Northington | OH 43085 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 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? | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 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? | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 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? | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
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| | | | |
| City | Sta te Zip Code | Received at Fundraising Event? | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC | |
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| Street Address | Description of Item or Service | M | D Y Fair Market Value |
| | | | |
| City | Sta te Zip Code | Received at Fundraising Event? | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
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| | | | |
| Street Address | Description of Item or Service | M | D Y Fair Market Value |
| | | | |
| City | Sta te Zip Code | Received at Fundraising Event? | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

* 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)]