



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Oberle for Sharon Township				
Full Name of Contributor Richard Barnhart			Registration Number, if PAC	
Street Address 5267 Stratford Avenue		Employer/Occupation/Labor Organization* Ice Miller LLP / Lawyer		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY)	Amount \$200.00
Full Name of Contributor Deborah Pryce			Registration Number, if PAC	
Street Address 2065 Tremont Rd		Employer/Occupation/Labor Organization* Ice Miller LLP / Pincipal		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY)	Amount \$250.00
Full Name of Contributor Erik Yassenoff			Registration Number, if PAC	
Street Address 2012 Tremont Rd.		Employer/Occupation/Labor Organization* State of Ohio / Deputy Director		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]