

Statement of Contributions Received

Page Total

Form 31-4

ORC 3517 10

					ORC 3517.10	
Full Name of Committee						
Full Name of Contributor Registration Number, if PAC						
The Citizens for Hamilton Tup Fire Lever Full Name of Contributor Hamilton Tup fire Fight es Assolution Street Address Employer/Occupation/Labor Organization* Entry (Cash Check etc.)						
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
1960 opete Rd					CASh	
City	State	Zip Code	Date (MM/D		Amount	
Columbes	ОН	43207	10/20	H2018	3,155.00	
Full Name of Contributor				Registration Numb	er, 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				L er, if PAC	
Street Address	Employer	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization* Form (Ca				Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)		Amount	
Full Name of Contributor	Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH				Amount	
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*Required for contributions from individuals over self-employed, the occupation and the name of more employees contribute via payroll deduction employees are members, if any, must also app	f the indiv on and ex	idual's business, ceed the aggrega	if any, rath	er than employe	r should be listed. If two or	