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In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee							
The Citizens for Hamilton Twp Fire Levy Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Hamilton Twp Firemens Assn. Inc. Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Value 1400 Obets 2d Yard Signs & Mailers City State Zip Code Received at Fundraising Event? OH 43207 Final Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC							
ull Name of Contributor		Em	Employer Occupation Labor Organization*		Registration Number if PAC		
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Hamilton lup tramens Assn. Inc.			:		5 . (1115516000)		
Street Address	Description of item or			service		Fair Market Value	
1400 Obetz Rd	Tard 5	right	, o Mailer	1	10/24/16	1,555.82	
City	State	Zip	p Code	Received at Fundraisin	ng Event?	,	
columbis OH E		1	13207	∐ Yes ဩ No	10/24/16 1,555.82 ing Event?		
Full Name of Contributor		Em	Employer, Occupation, Labor Organization* Registration Number, if PAC				
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Street Address Description of Item or			ice		Date (MM/DD/YYYY)	Fair Market Value	
City	State	Zip	o Code	Received at Fundraisir	ng Event?		
	ł	-		Yes No			
Full Name of Contributor			ployer, Occupation	Occupation, Labor Organization* Registration Number, if PAC			
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Street Address Description of Item or		or Servi	Service		Date (MM/DD/YYYY)	Fair Market Value	
Description of Nem of				:	Date (WWW/DDF1111)	l an marrier varias	
City	State	Zir	o Code	Received at Fundraising	na Evant2		
City	State		Code	Yes No	ig Event:		
Full Name of Contributor		Em	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
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Street Address Description of Item or			Gervice		Date (MM/DD/YYYY)	Fair Market Value	
City	State	Zip	o Code	Received at Fundraising	ng Event?		
	1	\Box		Yes No			
Full Name of Contributor		Em	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address Description of Item or		or Servi	L Service		Date (MM/DD/YYYY)	Fair Market Value	
	,				,		
City	State	Zir	o Code	Received at Fundraisin	ng Event?	L	
				Yes 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)]

Page Total \$	1555.82
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