



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Hamilton Township					
Full Name of Contributor Doyle E Damron Enterprises				Registration Number, if PAC	
Street Address 4552 Lockbourne Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43207	Date (MM/DD/YYYY) 09-14-2019	Amount \$50.00	
Full Name of Contributor Top Cat Concrete				Registration Number, if PAC	
Street Address 3296 Paris Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 09-13-2019	Amount \$300.00	
Full Name of Contributor Local Waste Services				Registration Number, if PAC	
Street Address 1300 S Columbus Airport Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43207	Date (MM/DD/YYYY) 09-26-2019	Amount \$500.00	
Full Name of Contributor Michael Craiglow				Registration Number, if PAC	
Street Address 6065 Lockbourne Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Lockbourne	State OH	Zip Code 43137	Date (MM/DD/YYYY) 10-01-2019	Amount \$117.00	
Full Name of Contributor Michael Craiglow				Registration Number, if PAC	
Street Address 6065 Lockbourne Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Lockbourne	State OH	Zip Code 43137	Date (MM/DD/YYYY) 10-04-2019	Amount \$1.00	

*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)]