## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Hunter for Trustee				and and an incidence			
			Registra	Registration Number, if PAC			
Nancy Hunter - candidate							
Street Address	1	ation/Labor Organization*				Form (Cash, Check, etc.)	
8780 Alkire Rd.	Prairie Township Fire Dept					cash	
City	State	Zip Code	М	D	Y	Amount	
Grove City	OH	43123	0 9			400.00	
Full Name of Contributor			Registra	ition Nur	ber, if PA	C	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
	A STATE OF THE STA						
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Nun	ber, if PA	.C	
Street Address	Employer/Occup	ation/Labor Organization*	-Bayersennenno			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	\$ 1 P	Proceedings	schorosee				
Full Name of Contributor			Registra	ntion Nun	ber, if PA	Å.C	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
3874	0000				- Construction		
Full Name of Contributor			Registra	ation Nun	nber, if PA	AC	
100 100 100 100 100 100 100 100 100 100							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Сity	State	Zip Code	M	D	Y	Amount	
	NOT THE OWNER OF THE OWNER				entroneces.		
Full Name of Contributor			Registra	ation Nun	nber, if P/	ÅC.	
18 december 2007   18 december 2							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						Form (Cash, Check, etc.)	
	no construction of the con						
City	State	Zip Code	M	D	Y	Amount	
		COMPANY					
Full Name of Contributor			Registr	ation Nur	nber, if P/	AC	
Street Address	Employer/Occur	oation/Labor Organization*			A0280005099000000	Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	ΙΥ	Amount	
Full Name of Contributor Registration Number, if PAC					ÅC		
run Maine of Conditionor							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check			Form (Cash, Check, etc.)				
Street Address	Employer/Occupation/Laton Organization 1 on (Cash, Orlow, Co.)						
City	State	Zip Code	М	D	ΙΥ	Amount	
City	Black	Zap Codo	1				
		1			سماسيات		

Page Total \$	400.00
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<sup>\*</sup> 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 appear. [R.C. 3517.10(B)(4)]