

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Troy Township Fire/EMS Levy Fund				
Full Name of Contributor 5/3rd Bank (Accidental Deposit)			Registration Number, if PAC	
Street Address 1122 Dale Marby Hwy		Employer/Occupation/Labor Organization Bank		Form (Cash, Check, etc.)
City Lutz	State FL	Zip Code 33548	M 0 D 7 Y 2	Amount \$500.⁰⁰
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
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Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	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)]