



31 A

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <u>Friends of Hamilton Township</u>					
Norman E. Baymann DBA ACE Septic					
Full Name of Contributor				Registration Number, if PAC	
<u>Norman E Baymann DBA ACE Septic</u>					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
<u>4210 Groveport Rd</u>				<u>check</u>	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
<u>Obetz</u>	<u>OH</u>	<u>43207</u>	<u>03-14-19</u>	<u>\$200.00</u>	
Full Name of Contributor				Registration Number, if PAC	
<u>Rusty's Towing Service Inc</u>					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
<u>4845 Obetz-Reese Rd</u>				<u>check</u>	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
<u>Columbus</u>	<u>OH</u>	<u>43207</u>	<u>04-02-19</u>	<u>\$200.00</u>	
Full Name of Contributor				Registration Number, if PAC	
<u>Capitol City Trailers Inc</u>					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
<u>3960 Groveport Rd</u>				<u>check</u>	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
<u>Obetz</u>	<u>OH</u>	<u>43207</u>	<u>04-04-19</u>	<u>\$500.00</u>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
	<u>OH</u>				
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
	<u>OH</u>				

*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)]