

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Truro Twp Fire/EMS Levy Fund									
Full Name of Contributor This was the money being placed back after the						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M D Y		Amount
See Attached							10 18 13		CASH \$200. 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
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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)]