

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Citizens for Hamilton Township Fire Levy</i>									
Full Name of Contributor <i>H &amp; M Fruit Market</i>						Registration Number, if PAC			
Street Address <i>4305 Andy Groom Blvd.</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>cash</i>		
City <i>Obetz</i>		State <i>Ohio</i>		Zip Code <i>43207</i>		M <i>0</i>		D <i>3</i>	
						Y <i>1</i>		Amount <i>50.00</i>	
Full Name of Contributor <i>Musty's Sowing Services, Inc.</i>						Registration Number, if PAC			
Street Address <i>4845 Obetz-Ruse Rd.</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>CH # 0987</i>		
City <i>Columbus</i>		State <i>Ohio</i>		Zip Code <i>43207</i>		M <i>0</i>		D <i>3</i>	
						Y <i>1</i>		Amount <i>250.00</i>	
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.)		
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.)		
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.)		
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)]