

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Jefferson Township						
Full Name of Contributor Cecily Chester Alexander				Registration Number, if PAC		
Street Address 3545 Mann Rd		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	M 0	D 9	Y 2	Amount \$250.00
Full Name of Contributor Holly Ackely Wittmann				Registration Number, if PAC		
Street Address 3383 Mann Rd		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	M 0	D 9	Y 2	Amount \$250.00
Full Name of Contributor Robert H Schottenstein				Registration Number, if PAC		
Street Address 3 Easton Oval		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43219	M 0	D 9	Y 2	Amount \$1,000.00
Full Name of Contributor Thomas N Tripp				Registration Number, if PAC		
Street Address 5420 Clark State Rd		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 2	Amount \$1,000.00
Full Name of Contributor Richard S Zimmerman JR				Registration Number, if PAC		
Street Address 3230 Tara Way		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Vero Beach	State FL	Zip Code 32963	M 0	D 9	Y 2	Amount \$1,000.00
Full Name of Contributor Stanford M Ackley				Registration Number, if PAC		
Street Address 695 Kenwick Rd		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount \$500.00
Full Name of Contributor Lisa M Westwater				Registration Number, if PAC		
Street Address 5940 Havens Rd		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 2	Amount \$500.00
Full Name of Contributor John B Albers				Registration Number, if PAC		
Street Address 88 N 5th Street		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$100.00

* 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)]

Page Total **\$4,600.00**