

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		Y 7	
						M 1		D 4	
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		Y 7	
						M 1		D 4	
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		Y 7	
						M 1		D 4	
Amount \$1,000.00									
Full Name of Contributor Thomas N & Ellen L 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		Y 7	
						M 1		D 4	
Amount \$1,000.00									
Full Name of Contributor Richard S Jr & Stephanie A Zimmerman						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		Y 7	
						M 1		D 4	
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		Y 7	
						M 1		D 4	
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		Y 7	
						M 1		D 4	
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		Y 2	
						M 1		D 4	
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**