

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full CITIZENS FRO JEFFERSON TOWNSHIP						
Full Name of Contributor RAIN ONE INC				Registration Number, if PAC		
Street Address PO BOX 321		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BLACKLICK	State OH	Zip Code 43004	M 1	D 0	Y 2	Amount \$250.00
Full Name of Contributor CEDAR CRAFT PRODUCTS INC				Registration Number, if PAC		
Street Address PO BOX 9		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BLACKLICK	State OH	Zip Code 43004	M 1	D 0	Y 2	Amount \$500.00
Full Name of Contributor STEPHEN S WITTMANN				Registration Number, if PAC		
Street Address 330 W SPRING STREET, STE 500		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43215	M 1	D 0	Y 2	Amount \$250.00
Full Name of Contributor BRADFORD L SHULL				Registration Number, if PAC		
Street Address 3362 OAK LEAF LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City RUSHVILLE	State OH	Zip Code 43150	M 1	D 0	Y 2	Amount \$100.00
Full Name of Contributor THOMAS L COFFMAN				Registration Number, if PAC		
Street Address 3238 KNOLL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GAHANNA	State OH	Zip Code 43230	M 1	D 0	Y 2	Amount \$500.00
Full Name of Contributor B E S A LIGHTING				Registration Number, if PAC		
Street Address 6695 TAYLOR RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BLACKLICK	State OH	Zip Code 43004	M 1	D 0	Y 2	Amount \$1,000.00
Full Name of Contributor MATTHEW S FLANAGAN				Registration Number, if PAC		
Street Address 7019 CLARK STATE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BLACKLICK	State OH	Zip Code 43004	M 1	D 1	Y 0	Amount \$200.00
Full Name of Contributor JONATHAN HOWARD				Registration Number, if PAC		
Street Address P O BOX 400		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BLACKLICK	State OH	Zip Code 43004	M 1	D 1	Y 1	Amount \$1,000.00

* 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 **\$3,800.00**