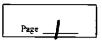
Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full		 		
CITIZENS FRO JEFFERSON TOWN	NSHIP			
Full Name of Contributor RAIN ONE INC			Registration Number, if	PAC
Street Address PO BOX 321	Employer/Occ	upstion/Labor Organization		Form (Cash, Check, etc.) CHECK
City BLACKLICK	State OH	Zip Code 43004	M D Y 1 5	Amount \$250.00
Full Name of Contributor CEDAR CRAFT PRODUCTS INC			Registration Number, if	PAC
Street Address PO BOX 9	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
City BLACKLICK	State OH	Zip Code 43004	1 D 2 5 1 5	Amount \$500.00
Full Name of Contributor STEPHEN S WITTMANN			Registration Number, if PAC	
Street Address 330 W SPRING STREET, STE 500	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43215	M D Y 1 5	Amount \$250.00
Full Name of Contributor BRADFORD L SHULL			Registration Number, if	PAC
Street Address 3362 OAK LEAF LN	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) CHECK
City RUSHVILLE	State OH	Zip Code 43150	M D Y	Amount \$100.00
Full Name of Contributor THOMAS L COFFMAN			Registration Number, if	PAC
Street Address 3238 KNOLL DR	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) CHECK
City GAHANNA	State OH	Zip Code 43230	1 0 2 9 1 5	Amount \$500.00
BESALIGHTING			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 D Y	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	Stațe OH	Zip Code 43004	M D Y	Amount \$200.00
Full Name of Contributor JONATHAN HOWARD		, ,	Registration Number, if	_
Street Address P O BOX 400	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) CHECK
City BLACKLICK	State OH	Zip Code 43004	M D Y 1 5	Amount \$1,000.00

Page Total \$3,800.00

^{*} 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)]