## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full JEFFERSON TOWNSHIP LEVY COMMI	TTEE	····			
Full Name of Contributor	1166		To 1		
Richard P. Courter			Registration Number, if F	AC	
Street Address	Employer/Occup	ation/Labor Organization	<u> </u>	Form (Cash, Check, etc.)	
1422 Reynoldsburg New Albany Road				check	
City Blacklick	State OH	Zip Code 43004	M D Y 3	Amount \$100.00	
Full Name of Contributor Crystal A. Dickerson-Erskine	Registration Number, if P	AC			
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
19081 Coshocton Road	1			check	
City Mt Vernon	State	Zip Code 43050	0 3 0 8 1 3	Amount \$100.00	
Full Name of Contributor	ОН	43030			
Jonathan E. Zollweg	Registration Number, if P	Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
8327 Tegman St.	Santa .	2:- 0-4-		check	
Columbus	OH,	Zip Code 43240	0   3   1   5   1   3	Amount \$20.00	
Full Name of Contributor Alisa Robertson	AC				
Street Address	In a so			Form (Cash, Check, etc.)	
P. O. Box 202	Employer/Occupa	ation/Labor Organization*		check	
City Buckeye Lake	Staire OH	Zip Code 43008	M D Y 3	Amount \$20.00	
Full Name of Contributor  Registration Number, if PAC  Jefferson Twp Fire Local #4038, Jesse W. Bailey, Treasurer					
Street Address					
P O Box 62	Employer/Occupation/Labor Organization			check	
City	State	Zip Code	M D Y	Amount	
Blacklick	OH	43004	0 3 1 6 1 3	\$500.00	
Full Name of Contributor Jefferson Twp. Firefighters Assoc.	Registration Number, if P	AC			
Street Address	Employer/Occupa	ation/Labor Organization*	<del></del>	Form (Cash, Check, etc.)	
6767 Havens Corner Rd.				check	
City Blacklick	State OH	Zip Code 43304	M D Yi	Amount \$500.00	
Full Name of Contributor Registration Number, if It William D. McCullough					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
249 South Cool Road				check	
City Lima	Stake OH	Zip Code 45801	M D Y O 3 1 5 1 3	Amount \$100.00	
Full Name of Contributor Registration Number, if PA Paul Zeeb, MD.					
Street Address	Employer/Occupa	ation/Labor Organization*	<u>L</u>	Form (Cash, Check, etc.)	
2433 Colts Neck Rd.				check	
City Blacklick	State OH	Zip Code 43004	M D Y 3	Amount \$250.00	

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)]