Page 1

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR JEFFERSON TOWNSH	IIP			
Full Name of Contributor MIKE ROWAN			Registration Number, if PAC	
Street Address 6300 DARLING RD	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City BLACKLICK	State OH	Zip Code 43004	0 9 0 1 1 2	Amount \$250.00
Full Name of Contributor RICHARD COURTER			Registration Number, if PAC	
Street Address 1422 REYNOLDSBURG -NEW ALBANY RD	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK
City BLACKLICK	State OH	Zip Code 43004	0 9 0 2 1 5	Amount \$250.00
Full Name of Contributor JAMES MARTIN Registration Number, if Registration N				PAC
Street Address 7741 LUPINE DR	Employer/Occu	pation/Labor Organization*	(= -).	Form (Cash, Check, etc.) CHECK
City BLACKLICK	State OH	Zip Code 43004	0 9 1 0 1 5	Amount \$100.00
Full Name of Contributor STEVEN A MILLER	· · · · · · · · · · · · · · · · · · ·		Registration Number, if	PAC
Street Address 6444 DARLING RD	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) CHECK
City BŁACKLICK	State OH	Zip Code 43004	0 9 0 9 1 5	Amount \$250.00
Full Name of Contributor JEFFREY R PALM Registration Number, if PAC				
Street Address 915 STOUTSVILLE PIKE	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) CHECK
City CIRCLEVILLE	State OH	Zip Code 43113	0 8 1 0 1 5	Amount \$250.00 -
Full Name of Contributor JANIS BOWLING Registration Numb			Registration Number, if	PAC
Street Address 700 N WAGGONER RD	Employer/Occi	ipation/Labor Organization*		Form (Cash, Check, etc.) MONEY ORDER
City BLACKLICK	State OH	Zip Code 43004	0 9 2 1 1 5	Amount \$60.00
Full Name of Contributor DONALD B SHACKELFORD			Registration Number, if	PAC
Street Address 21 EAST STATE STREET, STE 1400	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43215	M, D Y	Amount \$200.00
Full Name of Contributor DONALD G DUNN			Registration Number, if	PAC
Street Address 5057 CLARK STATE RD	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
City GAHANNA	State OH	Zip Code 43230	0 9 1 1 1 5	Amount \$500.00

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)]