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R	t.C.	35	17.	10

## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Jefferson Township	. ==						
Full Name of Contributor Registration Number, if PAC							
Winn General Contracting LLC							
Street Address	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.)			
6079 Taylor Rd	1			Check			
City Gahanna	State OH	Zip Code 43230	1 0 2 9 1 4	Amount \$1,000.00			
Full Name of Contributor	•	•	Registration Number, if F	AC			
Besa Lighting							
Street Address	Employer/Occupation/Labor Organization		•	Form (Cash, Check, etc.)			
6695 Taylor Rd		-		Check			
City	State	Zip Code	M D Y 1 0 1 4	Amount			
Blacklick	OH	43004	102914	\$1,000.00			
Full Name of Contributor  Registration Number, if PAC  Rain One Inc							
Street Address	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.)			
PO Box 321				Check			
City	State	Zip Code	M D Y	Amount			
Blacklick	он	43004	1 0 2 9 1 4	\$1,000.00			
Full Name of Contributor	·		Registration Number, if F	AC			
Jess Howard Electric Co							
Street Address	Employer/Occu	apation/Labor Organization		Form (Cash, Check, etc.)			
PO Box 400, 6630 Taylor Rd	ļ			Check			
City	State	Zip Code	M D Y	Amount			
Blacklick	OH	43004	<u> </u>	\$3,500.00			
Full Name of Contributor  G & C Family LLC							
Street Address	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.)			
6751 Taylor Rd Bldg A-2		`		Check			
City	State	Zip Code	M D Y	Amount			
Blacklick	OH <sub>.</sub>	43004	1 0 3 0 1 4	\$500.00			
Full Name of Contributor Registration Number, if PAC							
Tom Coffman							
Street Address	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.)			
3238 Knoll Dr	<u> </u>			Check			
City	State	Zíp Code 43230	1 1 0 3 1 4	Amount \$750.00			
Gahanna	OH	43230	11111				
Full Name of Contributor	Registration Number, if PAC						
Street Address	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.)			
City	State	Zip Code	M D Y	Amount			
	OH						
Full Name of Contributor Registration Number, if Pa							
Street Address	dress Employer/Occupation/Labor Organization						
City	State	Zip Code	M D Y	Amount			
C.I.	OH						

Page Total \$7,750.00

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)]