

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Jefferson Township							
Full Name of Contributor Christopher/Courtney Bosca						Registration Number, if PAC	
Street Address 5630 Clark State Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 0	Amount \$500.00	
Full Name of Contributor Douglas E Maddy						Registration Number, if PAC	
Street Address 6300 Clark State Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 0	Amount \$500.00	
Full Name of Contributor Gilman D Kirk, Jr/Sandra A Kirk						Registration Number, if PAC	
Street Address 3239 Mann Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 0	Amount \$500.00	
Full Name of Contributor Sarah W Crane						Registration Number, if PAC	
Street Address 2600 Crooked Mile Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 0	Amount \$1,000.00	
Full Name of Contributor Mark E Leder						Registration Number, if PAC	
Street Address 6141 Clark State Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 0	Amount \$200.00	
Full Name of Contributor Donald B Shackleford						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 1	D 0	Y 0	Amount \$5,000.00	
Full Name of Contributor Donald G Dunn						Registration Number, if PAC	
Street Address 5057 Clark State Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 6	Amount \$500.00	
Full Name of Contributor Barbara Adams						Registration Number, if PAC	
Street Address 2717 Darling Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 1	Amount \$50.00	

* 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 **\$8,250.00**