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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 ChristopherBosca	Registration Number, if PAC			
Street Address 5630 Clark State Rd	Employer/Occu	pation Labor Organization		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	M D Y	Amount \$500.00
Full Name of Contributor Douglas E Maddy			Registration Number, if	PAC
Street Address 6300 Clark State Rd	Employer/Occu	pation/Labor Organization	Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	1 0 0 2 1 4	Amount \$500.00
Full Name of Contributor Gilman D Kirk, Jr		Registration Number, if PAC		
Street Address 3239 Mann Rd	Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	1 0 0 2 1 4	Amount \$500.00
Full Name of Contributor Sarah W Crane	Registration Number, if	PAC		
Street Address 2600 Crooked Mile Rd	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Gahanna	Stape OH	Zip Code 43230	1 0 0 2 1 4	Amount \$1,000.00
Full Name of Contributor Mark E Leder			Registration Number, if	PAC
Street Address 6141 Clark State Rd	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	1 0 0 2 1 4	Amount \$200.00
Full Name of Contributor Donald B Shackleford			Registration Number, if	PAC
Street Address 21 East State Street, Ste 1400	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 0 4 1 4	Amount \$5,000.00
Full Name of Contributor Donald G Dunn			Registration Number, if	PAC
Street Address 5057 Clark State Rd	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	M D Y	Amount S500.00
Full Name of Contributor Barbara Adams		_	Registration Number, if	PAC
Street Address 2717 Darling Rd	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Blacklick	State OH	Zip Code 43004	M D Y 1 4 1 4	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)]