

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Jefferson Township									
Full Name of Contributor Jefferson Township Levy Committee						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		M 1	D 0	Y 1	Y 5	Amount \$4.95
Full Name of Contributor Pamela K & Richard P 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		M 1	D 0	Y 1	Y 5	Amount \$250.00
Full Name of Contributor Fredric F Evans						Registration Number, if PAC			
Street Address 1391 Phlox Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick		State OH	Zip Code 43004		M 1	D 0	Y 2	Y 0	Amount \$50.00
Full Name of Contributor Steven A Miller						Registration Number, if PAC			
Street Address 6444 Darling Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick		State OH	Zip Code 43004		M 1	D 0	Y 2	Y 0	Amount \$250.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount

* 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 **\$554.95**