

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Jefferson Township Levy Committee									
Full Name of Contributor Thomas J Donley						Registration Number, if PAC			
Street Address 1313 Taos Ln			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Sugar Grove		State OH	Zip Code 43155		M 0	D 4	Y 2	6	Amount \$100.00
Full Name of Contributor Ellen L Tripp						Registration Number, if PAC			
Street Address 5420 Clark State Rd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 4	Y 2	7	Amount \$50.00
Full Name of Contributor Heather A McKay						Registration Number, if PAC			
Street Address 7148 Pleasant Colony Cir			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Blacklick		State OH	Zip Code 43004		M 0	D 4	Y 2	8	Amount \$125.00
Full Name of Contributor Betsy Neidenthal						Registration Number, if PAC			
Street Address 6365 Headley Heights Ct			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 4	Y 2	9	Amount \$50.00
Full Name of Contributor Bill Greenwalt						Registration Number, if PAC			
Street Address 1123 Markworth Ct			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Westerville		State OH	Zip Code 43081		M 0	D 4	Y 2	9	Amount \$100.00
Full Name of Contributor Crystal A Dickerson						Registration Number, if PAC			
Street Address 19081 Coshocton Rd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Mount Vernon		State OH	Zip Code 43050		M 0	D 4	Y 2	9	Amount \$100.00
Full Name of Contributor Mathew S Flanagan						Registration Number, if PAC			
Street Address 7019 Clark State Rd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Blacklick		State OH	Zip Code 43004		M 0	D 4	Y 3	0	Amount \$200.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y		Amount
		OH							

* 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 **\$725.00**