31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
CITIZENS FOR JEFFERSON TOWNSHIP

Full Name of Contributor	Registration Number, if PAC				
THOMAS N TRIPP					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
5420 CLARK STATE RD					CHECK
City	State	Zip Code	M	D	Y	Amount
GAHANNA	OH	43230	09	10	15	$1,000.00
Full Name of Contributor	Registration Number, if PAC				
RICHARD S ZIMMERMAN JR					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3230 TARA WAY					CHECK
City	State	Zip Code	M	D	Y	Amount
VERO BEACH	FL	32963	09	11	15	$1,000.00
Full Name of Contributor	Registration Number, if PAC				
GILMAN D KIRK, JR					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3239 MANN RD					CHECK
City	State	Zip Code	M	D	Y	Amount
BLACKLICK	OH	43004	09	21	15	$500.00
Full Name of Contributor	Registration Number, if PAC				
ROBERT H SCHOTTENSTEIN					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2 EASTON OVAL					CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	OH	43219	09	21	1	$500.00
Full Name of Contributor	Registration Number, if PAC				
LISA M WESTWATER					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
5940 HAVEN RD					CHECK
City	State	Zip Code	M	D	Y	Amount
GAHANNA	OH	43230	09	22	15	$750.00
Full Name of Contributor	Registration Number, if PAC				
KENNETH JONES					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2003 HAVENSWOOD PL					CHECK
City	State	Zip Code	M	D	Y	Amount
BLACKLICK	OH	43004	09	25	15	$250.00
Full Name of Contributor	Registration Number, if PAC				
CATHYRNE A BYRNE-SICHEL					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
6220 HAAVENS RD					CHECK
City	State	Zip Code	M	D	Y	Amount
BLACKLICK	OH	43004	09	25	15	$100.00
Full Name of Contributor	Registration Number, if PAC				
CLARICE J YODER					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3200 MANN RD					CHECK
City	State	Zip Code	M	D	Y	Amount
BLACKLICK	OH	43004	09	24	15	$250.00

* 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 $4,350.00