	31-A							
7		R.C. 3517.10						

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full JEFFERSON TOWNSHIP LEVY	COMMITTEE						
Full Name of Contributor Michael A. Rowan	Registra	Registration Number, if PAC					
Street Address 6300 Darling Road	Employer/Occu	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) cash		
City Blacklick	State OH	Zip Code 43004	0 ^M 5	D 1 4	1 3	Amount \$15.00	
Full Name of Contributor Mat S. Flanagan	·		Registrat	ion Num	ber, if P.	AC	
Street Address 7019 Clark State Road	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	State Zip Code			M D Y		
Blacklick	ОН	43004	0 5	1. 1. 1	1 3	Amount \$15.00	
Full Name of Contributor Kenneth E. Jones	Registration Number, if PAC						
Street Address 2003 Havenswood Place	Employer/Occu	Employer/Occupation/Labor Organization		•	Form (Cash, Check, etc.) cash		
City Blacklick	State OH	Zip Code 43004	0 5	D 1 4	1 3	Amount \$15.00	
Full Name of Contributor Donna T. Finn	Registrat	Registration Number, if PAC					
Street Address 5909 Headley Road	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43230	0 5	D 1 4	η 1 3	Amount \$10.00	
Full Name of Contributor Tom E. Spring	Registrat	ion Num	ber, if Pa	AC			
Street Address 335 Meadow Lane	Employer/Occu	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) cash		
City Cirdeville	State OH	Zip Code 43113	0 S	D 1 4	1 3	Amount \$10.00	
Full Name of Contributor Registration Number, if						AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization®			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if F							
Street Address	ect Address Employer/Occupation/Labor Organization						
City	Stake OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if P							
Street Address Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	۲	Amount	

Page Total \$65.00

^{*} 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)]