31-	A	
R.C.	351	7.10

## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Jefferson Township Levy Commitee					
Full Name of Contributor Janis R Bowling			Registration Number, if I	'AC	
Street Address 700 N Waggoner Rd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Blacklick	State OH	Zip Code 43004	1 0 0 3 1 2	Amount \$50.00	
Full Name of Contributor Mat S Flanagan	·	<u> </u>	Registration Number, if I	AC	
Street Address 7019 Clark State Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) cash	
City Blacklick	State OH_	Zip Code 43004	1 2 1 1 1 2	Amount \$100.00	
Full Name of Contributor Mike Rowan		11.18.001	Registration Number, if I	PAC	
Street Address 6300 Darling Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City Blacklick	State OH	Zip Code 43004	1 2 1 2 1 2	Amount \$50.00	
Full Name of Contributor Registration Number, if PAC Richard P Courter					
Street Address 1422 Reynoldsburg New Albany Rd	Employer/Occu	rpation/Labor Organization*		Form (Cash, Check, etc.)	
City Błacklick	State OH	Zip Code 43004	1 2 1 3 1 2	Атоши \$30.00	
Full Name of Contributor Registration Number, if PAC					
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor			Registration Number, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor			Registration Number, if	PAC	
Street Address	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor		,	Registration Number, if	PAC	
Street Address	Employer/Occu	apation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	

Page Total \$230.00

<sup>\*</sup> 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)]