

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full TAMARA SHANYFELT FOR JACKSON TWP FISCAL OFFICER							
Full Name of Contributor Charles Patton					Registration Number, if PAC		
Street Address PO Box 224		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State OH	Zip Code 43123	M 09	D 02	Y 11	Amount 25.00	
Full Name of Contributor Robert Woods					Registration Number, if PAC		
Street Address 66 W High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City London	State OH	Zip Code 43140	M 09	D 10	Y 11	Amount 50.00	
Full Name of Contributor William Lotz					Registration Number, if PAC		
Street Address 3200 Zuber Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City Orient	State OH	Zip Code 43146	M 08	D 22	Y 11	Amount 100.00	
Full Name of Contributor William Byrd					Registration Number, if PAC		
Street Address 4232 Kelnor Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City Grove City	State OH	Zip Code 43123	M 08	D 22	Y 11	Amount 100.00	
Full Name of Contributor Debra Bennett					Registration Number, if PAC		
Street Address 1806 Hawthorne Pkwy		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City Grove City	State OH	Zip Code 43123	M 08	D 29	Y 11	Amount 50.00	
Full Name of Contributor John Kilmurry					Registration Number, if PAC		
Street Address 2333 Willowside		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City Grove City	State OH	Zip Code 43123	M 09	D 15	Y 11	Amount 500.00	
Full Name of Contributor Edward Tyree					Registration Number, if PAC		
Street Address 3554 Livmoor Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City Columbus	State OH	Zip Code 43229	M 10	D 11	Y 11	Amount 50.00	
Full Name of Contributor Debra Bennett					Registration Number, if PAC		
Street Address 1806 Hawthorne		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK		
City Grove City	State OH	Zip Code 43123	M 10	D 15	Y 11	Amount 50.00	

* 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)]