

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CITIZENS FOR JEFFERSON TOWNSHIP</b>											
Full Name of Contributor <b>THOMAS N TRIPP</b>						Registration Number, if PAC					
Street Address <b>5420 CLARK STATE RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>GAHANNA</b>		State <b>OH</b>	Zip Code <b>43230</b>		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>0</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>RICHARD S ZIMMERMAN JR</b>						Registration Number, if PAC					
Street Address <b>3230 TARA WAY</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>VERO BEACH</b>		State <b>FL</b>	Zip Code <b>32963</b>		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>1</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>GILMAN D KIRK, JR</b>						Registration Number, if PAC					
Street Address <b>3239 MANN RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>BLACKLICK</b>		State <b>OH</b>	Zip Code <b>43004</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>1</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>ROBERT H SCHOTTENSTEIN</b>						Registration Number, if PAC					
Street Address <b>2 EASTON OVAL</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43219</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>1</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>LISA M WESTWATER</b>						Registration Number, if PAC					
Street Address <b>5940 HAVEN RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>GAHANNA</b>		State <b>OH</b>	Zip Code <b>43230</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>2</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$750.00</b>
Full Name of Contributor <b>KENNETH JONES</b>						Registration Number, if PAC					
Street Address <b>2003 HAVENSWOOD PL</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>BLACKLICK</b>		State <b>OH</b>	Zip Code <b>43004</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>5</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>CATHYRNE A BYRNE-SICHEL</b>						Registration Number, if PAC					
Street Address <b>6220 HAAVENS RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>BLACKLICK</b>		State <b>OH</b>	Zip Code <b>43004</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>5</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>CLARICE J YODER</b>						Registration Number, if PAC					
Street Address <b>3200 MANN RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>BLACKLICK</b>		State <b>OH</b>	Zip Code <b>43004</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>4</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$250.00</b>

\* 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**