

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

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|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------|-------------------------------------|----------------|--------------------------|----------------------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------|---|---|---|---|
| Full Name of Committee Jefferson Township Levy Committee | | | | | | Registration Number, if PACNITY BOARD OF ELECTIONS | | | | | | | | |
| Full Name of Candidate Issue 31 & Issue 32 | | | | | | | | | | | | | | |
| Street Address 1422 Reynoldsburg-New Albany Road N | | | | | | Office Sought | | | District | | | | | |
| City Blacklick | | | | | | State OH | | Zip Code 43004 | | | | | | |
| Type of Report (place X to the left of report type) | <input type="checkbox"/> | Pre-Primary | <input checked="" type="checkbox"/> | Post-Primary | <input type="checkbox"/> | Pre-General | <input type="checkbox"/> | Post-General | <input type="checkbox"/> | Annual Year | | | | |
| | <input type="checkbox"/> | July Monthly | <input type="checkbox"/> | August Monthly | <input type="checkbox"/> | September Monthly | <input type="checkbox"/> | Termination | <input checked="" type="checkbox"/> | Semiannual 2010 | | | | |
| Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Date of Election | | | 0 | M | 5 | 0 | D | 4 | 1 | Y | 0 |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

| | | |
|-----------------------------------------------------------------------------------------------------------------|----|------------|
| 1. Amount brought forward from last report | \$ | \$0.00 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | \$2,925.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | \$0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | \$2,925.00 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | \$2,924.93 |
| 6. Balance on hand (line 4 minus line 5) | \$ | \$0.07 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | \$0.00 |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | \$0.00 |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | \$0.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | \$0.00 |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ | \$0.00 |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ | \$0.00 |
| 13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period. | \$ | |

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✓
Aud 5/27/10
Posted

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Richard P Courter, Treasurer

Richard P Courter
Signature

05/18/2010

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages 3

Expenditure pages 13

Other pages 1 *leave*

Total pages 17

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | | | | | | |
|--------------------------------------------------|--|-------------|-------------------|-----------------------------------------|--------|--------|-----------------------------------|--------------------|--|
| Full Name of Contributor Steven A Miller | | | | | | | Registration Number, if PAC | | |
| Street Address 6444 Darling Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 0 | Amount \$100.00 | |
| Full Name of Contributor William R Heifner | | | | | | | Registration Number, if PAC | | |
| Street Address 3215 Rocky Fork Pl | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Gahanna | | State OH | Zip Code 43230 | | M 0 | D 4 | Y 0 | Amount \$100.00 | |
| Full Name of Contributor Kathleen A Weber | | | | | | | Registration Number, if PAC | | |
| Street Address 1602 Foxhall Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 0 | Amount \$500.00 | |
| Full Name of Contributor Janis R Bowling | | | | | | | Registration Number, if PAC | | |
| Street Address 700 N Waggoner Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Cash | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 0 | Amount \$50.00 | |
| Full Name of Contributor HUB Plastics, Inc | | | | | | | Registration Number, if PAC | | |
| Street Address 725 Reynoldsburg-New Albany Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 0 | Amount \$250.00 | |
| Full Name of Contributor John B Albers II | | | | | | | Registration Number, if PAC | | |
| Street Address 88 N Fifth St | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 4 | Y 0 | Amount \$100.00 | |
| Full Name of Contributor Donna W Glenn | | | | | | | Registration Number, if PAC | | |
| Street Address 6099 Headly Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Gahanna | | State OH | Zip Code 43230 | | M 0 | D 4 | Y 0 | Amount \$100.00 | |
| Full Name of Contributor Rain One, Inc | | | | | | | Registration Number, if PAC | | |
| Street Address 6871 Taylor Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 0 | Amount \$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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|-----------------------------------------------------------------------|--|--------------------|--------------------------|-----------------------------------------|---------------|---------------|------------------------------------------|---------------|---------------------------|
| Name of Committee in Full Jefferson Township Levy Committee | | | | | | | | | |
| Full Name of Contributor Berberich Automotive, Inc | | | | | | | Registration Number, if PAC | | |
| Street Address 695 Reynoldsburg-New Albany Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 2 | Y 0 | Amount \$50.00 |
| Full Name of Contributor Joseph C Gerhart | | | | | | | Registration Number, if PAC | | |
| Street Address 3449 Hines Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | | State OH | Zip Code 43230 | | M 0 | D 4 | Y 2 | Y 0 | Amount \$150.00 |
| Full Name of Contributor Henry J Sherowski | | | | | | | Registration Number, if PAC | | |
| Street Address 2730 Tally-Ho Lane | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 2 | Y 2 | Amount \$200.00 |
| Full Name of Contributor Wilbur Alan Smith | | | | | | | Registration Number, if PAC | | |
| Street Address 5747 Clark State Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Gahanna | | State OH | Zip Code 43230 | | M 0 | D 4 | Y 2 | Y 2 | Amount \$50.00 |
| Full Name of Contributor Roderick H Willcox | | | | | | | Registration Number, if PAC | | |
| Street Address 65 E State St | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 4 | Y 2 | Y 2 | Amount \$50.00 |
| Full Name of Contributor Douglas R McCloud | | | | | | | Registration Number, if PAC | | |
| Street Address 1666 Birdsong Ct | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 2 | Y 3 | Amount \$50.00 |
| Full Name of Contributor David P Keseg | | | | | | | Registration Number, if PAC | | |
| Street Address 8330 Kesegs Way | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 2 | Y 3 | Amount \$100.00 |
| Full Name of Contributor Stephen S Wittmann | | | | | | | Registration Number, if PAC | | |
| Street Address 3383 Mann Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 2 | Y 4 | Amount \$100.00 |

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | | | |
|-----------------------------------------------------------------------|--|--------------------|--------------------------|------------------------------------------|---------------|---------------|------------------------------------------|---------------|---------------|---------------|---------------------------|
| Name of Committee in Full Jefferson Township Levy Committee | | | | | | | | | | | |
| Full Name of Contributor Thomas J Donley | | | | | | | Registration Number, if PAC | | | | |
| Street Address 1313 Taos Ln | | | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | | | |
| City Sugar Grove | | State OH | Zip Code 43155 | | M 0 | D 4 | Y 2 | Y 6 | Y 1 | Y 0 | Amount \$100.00 |
| Full Name of Contributor Ellen L Tripp | | | | | | | Registration Number, if PAC | | | | |
| Street Address 5420 Clark State Rd | | | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | | | |
| City Gahanna | | State OH | Zip Code 43230 | | M 0 | D 4 | Y 2 | Y 7 | Y 1 | Y 0 | Amount \$50.00 |
| Full Name of Contributor Heather A McKay | | | | | | | Registration Number, if PAC | | | | |
| Street Address 7148 Pleasant Colony Cir | | | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 2 | Y 8 | Y 1 | Y 0 | Amount \$125.00 |
| Full Name of Contributor Betsy Neidenthal | | | | | | | Registration Number, if PAC | | | | |
| Street Address 6365 Headley Heights Ct | | | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | | | |
| City Gahanna | | State OH | Zip Code 43230 | | M 0 | D 4 | Y 2 | Y 9 | Y 1 | Y 0 | Amount \$50.00 |
| Full Name of Contributor Bill Greenwalt | | | | | | | Registration Number, if PAC | | | | |
| Street Address 1123 Markworth Ct | | | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | | | |
| City Westerville | | State OH | Zip Code 43081 | | M 0 | D 4 | Y 2 | Y 9 | Y 1 | Y 0 | Amount \$100.00 |
| Full Name of Contributor Crystal A Dickerson | | | | | | | Registration Number, if PAC | | | | |
| Street Address 19081 Coshocton Rd | | | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | | | |
| City Mount Vernon | | State OH | Zip Code 43050 | | M 0 | D 4 | Y 2 | Y 9 | Y 1 | Y 0 | Amount \$100.00 |
| Full Name of Contributor Mathew S Flanagan | | | | | | | Registration Number, if PAC | | | | |
| Street Address 7019 Clark State Rd | | | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | | | |
| City Blacklick | | State OH | Zip Code 43004 | | M 0 | D 4 | Y 3 | Y 0 | Y 1 | Y 0 | Amount \$200.00 |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) | | | | |
| City | | State | Zip Code | | M | D | Y | Y | Y | Y | Amount |
| | | OH | | | | | | | | | |

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | |
|-----------------------------------------------------------------------|--|--------------------|--------------------------|----------------------------------------------------------------------------------|---|---|-----------------------------|
| Name of Committee in Full Jefferson Township Levy Committee | | | | | | | |
| To Whom Paid Signs By Tomorrow | | | | M | D | Y | Amount \$460.00 |
| Address 76 N. Stygler Rd | | | | Purpose 50% Balance due for yard signs | | | |
| City Gahanna | | State OH | Zip Code 43230 | Check Number 2 | | | |
| To Whom Paid Rocky Fork Printing Co., Inc. | | | | M | D | Y | Amount \$700.68 |
| Address 165 Granville Street | | | | Purpose Postage for mailing (USPS rejected check#1 as not preprinted) | | | |
| City Gahanna | | State OH | Zip Code 43230 | Check Number 3 | | | |
| To Whom Paid Rocky Fork Printing Co., Inc. | | | | M | D | Y | Amount \$1,304.25 |
| Address 165 Granville Street | | | | Purpose Printing and mail processing of Vote Yes flyers | | | |
| City Gahanna | | State OH | Zip Code 43230 | Check Number 4 | | | |
| To Whom Paid Rich Courter | | | | M | D | Y | Amount \$460.00 |
| Address 1422 Reynoldsburg-New Albany Rd N | | | | Purpose Recover 50% deposit for yard signs put on personal credit card | | | |
| City Blacklick | | State OH | Zip Code 43004 | Check Number 5 | | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | Purpose | | | |
| City | | State OH | Zip Code | Check Number | | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | Purpose | | | |
| City | | State OH | Zip Code | Check Number | | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | Purpose | | | |
| City | | State OH | Zip Code | Check Number | | | |