

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR JEFFERSON TOWNSHIP						
Full Name of Contributor JANIS 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 1 4	Amount \$150.00
Full Name of Contributor JEFFREY PALM				Registration Number, if PAC		
Street Address 915 STOUTSVILLE PIKE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CIRCLEVILLE	State OH	Zip Code 43113	M 0	D 4	Y 1 4	Amount \$300.00
Full Name of Contributor MAT FLANAGAN				Registration Number, if PAC		
Street Address 7019 CLARK STATE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City BLACKLICK	State OH	Zip Code 43004	M 0	D 4	Y 1 4	Amount \$100.00
Full Name of Contributor JIM MARTIN				Registration Number, if PAC		
Street Address 7741 LUPINE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City BLACKLICK	State OH	Zip Code 43004	M 0	D 4	Y 1 4	Amount \$50.00
Full Name of Contributor FRANK HARMON				Registration Number, if PAC		
Street Address 4267 CLARK SHAW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) MO	
City POWELL	State OH	Zip Code 43065	M 0	D 5	Y 0 8 1 4	Amount \$500.00
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 5	Y 0 8 1 4	Amount \$100.00
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	Amount
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	Amount

* 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)]