

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CENTIZENS FOR JEFERSON TOWNSHIP						
Full Name of Contributor OHIO INSURANCE SERVICES AGENCY INC				Registration Number, if PAC		
Street Address PO BOX 1136		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State OH	Zip Code 43017	M 0	D 9	Y 2	Amount \$300.00
Full Name of Contributor PSEE SOLUTIONS				Registration Number, if PAC		
Street Address 138 E MAIN ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 9	Y 2	Amount \$150.00
Full Name of Contributor ROBERT M SANDER & SHARI J SANDER				Registration Number, if PAC		
Street Address 2625 DARLING RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BLACKLICK	State OH	Zip Code 43004	M 1	D 0	Y 0	Amount \$250.00
Full Name of Contributor ROCKFORD HOMES INC				Registration Number, if PAC		
Street Address 999 POLARIS PARKWAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43240	M 0	D 9	Y 3	Amount \$2,000.00
Full Name of Contributor BOB STEWART				Registration Number, if PAC		
Street Address 7725 MORSE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City NEW ALBANY	State OH	Zip Code 43054	M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor NANCY M IRWIN				Registration Number, if PAC		
Street Address 1100 REYNOLDSBURG NEW ALBANY RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BLACKLICK	State OH	Zip Code 43004	M 1	D 0	Y 1	Amount \$200.00
Full Name of Contributor H.C.WEBER EXCAVATING LLC				Registration Number, if PAC		
Street Address 4108 DIXION RD SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City PATASKALA	State OH	Zip Code 43062	M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor BLACKLICK USED EQUIPMENT SALES LLC				Registration Number, if PAC		
Street Address 7651 TAYLOR RD UNIT B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BLACKLICK	State OH	Zip Code 43004	M 1	D 0	Y 1	Amount \$200.00

* 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)]