

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Cierra Walker						Registration Number, if PAC	
Street Address 109 Oklahoma Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Gahanna	State O H	Zip Code 43230	M 0	D 3	Y 2 4	Amount 100.00	
Full Name of Contributor Harmon K Vredeveld						Registration Number, if PAC	
Street Address 1089 Oregon Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43201	M 0	D 3	Y 2 4	Amount 25.00	
Full Name of Contributor Arlene Polster						Registration Number, if PAC	
Street Address 7841 Waggoner Chase Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Blacklick	State O H	Zip Code 43004	M 0	D 3	Y 2 4	Amount 25.00	
Full Name of Contributor Samuel J Dalessandro						Registration Number, if PAC	
Street Address 193 Cole Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Fairfield	State O H	Zip Code 45014	M 0	D 3	Y 2 4	Amount 50.00	
Full Name of Contributor James Leesburg						Registration Number, if PAC	
Street Address 651 Rose Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0	D 3	Y 2 4	Amount 50.00	
Full Name of Contributor Jason Phillips						Registration Number, if PAC	
Street Address 1153 Riva Ridge Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0	D 3	Y 2 4	Amount 50.00	
Full Name of Contributor Jeffrey T Stavroff						Registration Number, if PAC	
Street Address 250 Daniel Burnham Sq, Unit 307			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 3	Y 2 4	Amount 50.00	
Full Name of Contributor Dorsey L Hager Jr						Registration Number, if PAC	
Street Address 20590 Collins Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Milford Center	State O H	Zip Code 43045	M 0	D 3	Y 2 4	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 400.00