## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		<u> </u>	<del> </del>		_	-	-	
Citizens for Jolley								
Full Name of Contributor		Registration Number, if PAC						
Cierra Walker			Ī					
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)	
109 Oklahoma Ave					Cash			
City	State	Zip Code	М	D	Y	Amount		
1 · ·	ОТН	43230	0 3	214	1 5		100.00	
Gahanna Full Name of Contributor	1012	43230		tion Num		.c	100.00	
Harmon K Vredeveld								
Street Address	Employer/Occurs	uion/Labor Organization*		_		Form (Cash, Che	ck, etc.)	
	Linployer occupa						Check	
1089 Oregon Ave	State	Zip Code	М	D	Ÿ	Amount		
City	OH	43201	013	i	1 5		25.00	
Columbus Full Name of Contributor	10111	43201		tion Num		C.	20.00	
			i (Cg) Su u		v-2, 22			
Arlene Polster	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck. etc.)	
Street Address	EmployenOccupa	mon Labor Organization				Check	,	
7841 Waggoner Chase Blvd		Zip Code	М	D	Y	Amount		
Cíty	State		013		1 5	Amoun	25.00	
Blacklick	<u> </u>	43004		tion Num		<u> </u>	20.00	
Full Name of Contributor			Registra	non Nun	Det, II FA			
Samuel J Dalessandro			<u> </u>	_		Farm (Cach Che	ol: eto )	
Street Address	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)			ck, cit.)	
193 Cole Dr		<del></del>		1 5	Γ.ν.	Check		
City	State	Zip Code	M	D	Y	Amount	=0.00	
Fai <u>r</u> field	<u> </u>	45014	013		1 5		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	IC.		
James Leesburg		<u> </u>				To (0.1.0)	1	
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
651 Rose Way						Check	_	
City	State	Zip Code	M	D	Y	Amount	50.00	
Gahanna	OIH	43230		214			50.00	
Full Name of Contributor			Registra	ttion Num	ber, if PA	AC		
Jason Phillips								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
1153 Riva Ridge Blvd						Check		
City	State	Zip Code	M <sub>.</sub>	P.	Y	Amount		
Gahanna	OIH	43230	013	214	115	<u> </u>	50.0 <u>0</u>	
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC		
Jeffrey T Stavroff	_							
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
250 Daniel Burnham Sq, Unit 307	į				Check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	O   H	43215	013				<u>50.00</u>	
Full Name of Contributor	-		Registr	ation Nun	ber, if P	AC		
Dorsey L Hager Jr								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
` 20590 Collins Rd	1					Check		
City	State	Zip Code	М	D	Y	Amount		
Milford Center	OH	43045	013				50.00	
IVIIIO G CETTET	aenaral accembly cand	idates. If contributor is self-en	ployed, the	occupatio	n and the	name of the		

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(BX4)]

Page Total \$ 400.00
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