

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley					
Full Name of Contributor Emily Hall				Registration Number, if PAC	
Street Address 677 Kensington Drive		Employer/Occupation/Labor Organization*		M: 0 D: 5 Y: 11	Amount 25.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Cash	
Full Name of Contributor Jennifer Tieche				Registration Number, if PAC	
Street Address 3536 Karikal Drive		Employer/Occupation/Labor Organization*		M: 0 D: 5 Y: 11	Amount 25.00
City Westerville	State O H	Zip Code 43081		Form(Cash,Check,etc) Check	
Full Name of Contributor Friends For Ginther				Registration Number, if PAC	
Street Address 45 E Town St		Employer/Occupation/Labor Organization*		M: 0 D: 5 Y: 11	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Credit Card	
Full Name of Contributor William Sheppard				Registration Number, if PAC	
Street Address 115 S Kellner Rd		Employer/Occupation/Labor Organization*		M: 0 D: 5 Y: 11	Amount 10.00
City Columbus	State O H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Schottenstein				Registration Number, if PAC	
Street Address 2508 Brentwood Rd		Employer/Occupation/Labor Organization*		M: 0 D: 5 Y: 11	Amount 25.00
City Bexley	State O H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Adam Friedman				Registration Number, if PAC	
Street Address 170 Thurman Ave		Employer/Occupation/Labor Organization*		M: 0 D: 5 Y: 11	Amount 50.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Mark White				Registration Number, if PAC	
Street Address 1744 Harrison Pond Dr		Employer/Occupation/Labor Organization*		M: 0 D: 5 Y: 11	Amount 100.00
City New Albany	State O H	Zip Code 43054		Form(Cash,Check,etc) Check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 485.00