

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 D Y 0 5 1 9 1 1	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 D Y 0 5 1 9 1 1	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 D Y 0 5 1 9 1 1	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 D Y 0 5 1 9 1 1	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 D Y 0 5 1 9 1 1	Amount 25.00
City Bexlev	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 D Y 0 5 1 9 1 1	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 D Y 0 5 1 9 1 1	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