

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 3	D 2 4	Y 1 5	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 3	D 2 4	Y 1 5	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 3	D 2 4	Y 1 5	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 3	D 2 4	Y 1 5	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 3	D 2 4	Y 1 5	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 3	D 2 4	Y 1 5	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 3	D 2 4	Y 1 5	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 3	D 2 4	Y 1 5	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)]