Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Citizens for Jolley			132	D .	v	Amount		
To Whom Paid Ohio Ethics Commission			$\begin{bmatrix} M \\ 0 \mid 2 \end{bmatrix}$	0 0 4	ү 1 6	Amount	35.00	
Address	Purpose							
30 W Spring St	Filing Fee							
City	State	Check N	Check Number					
Columbus	$O \mid H$	43215		DC				
To Whom Paid			M	D	Y	Amount		
Eric Jolley			0 2	019	1 6		300.00	
Address	Purpose							
187 Regents Road	Loan Rej	T						
City					Check Number			
Gahanna	OIH	43230	↓	1129				
To Whom Paid			M	D	Y	Amount	50.00	
Ryan P Jollev			1012	0 9	1116		50.00	
Address	Purpose							
187 Regents Road	Loan Repayment State Zin Code Check Number							
City	State	Zip Code	Check N	1130				
Gahanna	$O \mid H$	43230	М	11 <u>30</u>	ΙΥ	Amount		
To Whom Paid			$\begin{bmatrix} M \\ 0 \end{bmatrix} 2$	•			618.43	
Ryan P Joliev	In-mass		0 2	יטוא	1110	<u> </u>	010.70	
Address	Purpose Outstanding Doht Renayment							
187 Regents Road	Outstanding Debt Repayment State Zip Code Check Number							
Calaman	O H		1131					
Gahanna	1 () ! II	43230	М	D D	Y	Amount		
To Whom Paid			1			1		
Address	Purpose							
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City	State	State Zip Code						
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To Whom Paid			M	D	Y	Amount		
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Address	Purpose							
City	State Zip Code		Check Number					
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To Whom Paid			M	D	Į Y	Amount		
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Address	Purpose							
		lor 1	Co. 1 M. when					
City	State Zip Code		Check	Check Number				
			—	٦ T	ΙΥ	Amount		
To Whom Paid			М 1	D	1	,		
	Purpose		<u> </u>					
Address	rupose							
	State	Zip Code	Check	Number				
City	ا							
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