Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Jolley			1			_
			Registra	ition Num	ber, if PA	.C
Rick Duff Street Address						r (C C 1)
	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
312 Dunbarton Rd	Some	Im our	г.,	l n	I v	Credit Card
c _{iy} Gahanna	State O H	Zip Code 43230	м 0 4	р 116	1 5	Amount 5.00
Full Name of Contributor Registration Number, if PAC						
Steve Daley						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
852 Highview Drive						Credit Card
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43235		1 9		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Angela Kulow	,					_
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
290 Carlin Ct W		,		,		Credit Card
City	State	Zip Code	M	D	Y	Amount
Gahanna	OIH	43230	014		1 5	25.00
Full Name of Contributor			Registra	ttion Num	ber, if PA	.c
Merisa Bowers	T					r
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
363 Higley Ct	<u> </u>	T		Υ	T	Credit Card
City	State	Zip Code	M	D	Y	Amount
Gahanna	OIH	43230	0 4	2 8	1 5	25.00
Full Name of Contributor Registration Number, if PAC						
Curits Hill	T		<u> </u>			In (0.1.07.1)
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
363 Higley Ct	<u> </u>	12: 6.1	1		Y	Credit Card
Calagraph	State O H	Zip Code	M	D		Amount
Gahanna Full Name of Contributor	Olu	43230	0 4			50.00
Full Name of Contributor Registration Number, if PAC						
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization						om (casi, cace, etc.)
City	State	Zip Code	Тм	Ð	Y	Amount
CR,	1	Eip code			l i	
Full Name of Contributor	11		Registra	tion Num	ber, if PA	L
Tall Talle of Collaborator			146.534			.•
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	1		15		1	
Full Name of Contributor	1	<u> </u>	Registra	tion Num	ber, if PA	.C
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
	' '	•				
City	State	Zip Code	М	D	Y	Amount
		-		-	-	

Page Total S	205.00

[•] 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)]