

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley									
Full Name of Contributor Ryan Jolley							Registration Number, if PAC		
Street Address 506 Flintwood Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Gahanna		State O H		Zip Code 43230		M 0 2		D 0 4	
						Y 1 5		Amount 5.00	
Full Name of Contributor Ian Polster							Registration Number, if PAC		
Street Address 2003 Timberline Trl				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Springfield		State O H		Zip Code 44503		M 0 1		D 3 1	
						Y 1 5		Amount 100.00	
Full Name of Contributor Ryan Koch							Registration Number, if PAC		
Street Address 5843 Garden Hill Lane				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus		State O H		Zip Code 43017		M 0 2		D 1 8	
						Y 1 5		Amount 100.00	
Full Name of Contributor Rachel Gough							Registration Number, if PAC		
Street Address 1755 King Ave, Apt D				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus		State O H		Zip Code 43212		M 0 2		D 2 2	
						Y 1 5		Amount 100.00	
Full Name of Contributor Louis Capobianco							Registration Number, if PAC		
Street Address 60 E Pawnee Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Powell		State O H		Zip Code 43065		M 0 2		D 2 3	
						Y 1 5		Amount 50.00	
Full Name of Contributor Zach Williams							Registration Number, if PAC		
Street Address 9 Riverpointe Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Hastings on Hudson		State N Y		Zip Code 10706		M 0 2		D 2 6	
						Y 1 5		Amount 100.00	
Full Name of Contributor Aftab Pureval							Registration Number, if PAC		
Street Address 111 Grafield Place, Apt 1206				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Cincinnati		State O H		Zip Code 45202		M 0 3		D 1 7	
						Y 1 5		Amount 250.00	
Full Name of Contributor William DeMora							Registration Number, if PAC		
Street Address 100 Warren St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus		State O H		Zip Code 43215		M 0 3		D 1 7	
						Y 1 5		Amount 100.00	

* 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)]