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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Citizens for Jolley Full Name			Ip	hian M	har if Da	<u> </u>			
				Registration Number, if PAC					
Ryan Jolley	1 -		1.4		Y	Amount	·		
Address	Type*		M	D	1 4	1	237.10		
506 Flintwood Dr	RIE	7: C-1					237.10		
City	State	Zip Code		Form(Cash,Check,etc)					
Gahanna	O H	43230		Check Registration Number, if PAC					
Full Name			Registra	tion Nun	ber, II PA	ic.			
Address	Type*		М	D	Y	Amount			
					]				
City	State	Zip Code	Form(Ca	ish,Checl	(,etc)				
			l						
Full Name			Registra	tion Num	ber, if PA	\C			
<u> </u>	,			1 -		Τ-	. <u>.</u>		
Address	Type*		М	D	Y	Amount			
			<u> </u>		<u> </u>				
City	State	Zip Code	Form(Ca	ish,Checl	c,etc)				
Full Name			Registra	tion Num	ber, if PA	AC .			
	Type*		М	D	Y	Amount			
Address	1,96		1	ľ					
Circ.	State	Zip Code	Form(Ca	ash,Checl	cetc)				
City	300.0	Zip Cool	1.01(0.		40.07				
Full Name					Registration Number, if PAC				
Pull Name			1						
Address	Type*		М	D	Y	Amount			
1									
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)				
Full Name				Registration Number, if PAC					
Address	Type*		M	D	Y	Amount			
				<u> </u>					
City	State	Zip Code	Form(C	ash Chec	k,etc)				
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Full Name			Registration Number, if PAC						
	<u></u>			,	,				
Address	Type*		M	D	Y	Amount			
City	State	Zip Code	Form(C	Form(Cash,Check,etc)					
		<u> </u>		Registration Number, if PAC					
Full Name			Registra	ation Nun	aber, if P	AC			
	T		M	D	ΙΥ	Amount			
Address	Type*			ľ	1 'i	, moun			
		Zin Code	Form/C	ash Chec	l l				
City	State	Zip Code	romic	1100ء بنده	n,cic)				
					<del></del>				

SA for the sale of committee assets, or LN for payments received on a loan made.

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,