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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		<u> </u>					-
Name of Committee in Full							
Citizens for Jolley		<u> </u>	D	ion Mari	har ISD *	C	
Full Name of Contributor			Kegistra	non ivum	ber, if PA	i.C	
Bill Hedrick	F 1 /0					Form (Cash, Check	(c. ata.)
Street Address	Employer/Occ	upation/Labor Organization*					i, eic.)
535 W 1st Ave	g	72: 0.1			Y	Check Arnount	
Coloratora	State D H	Zip Code	$\begin{bmatrix} M \\ 0 \end{bmatrix} 2$	D	· -	Amount	25.00
Columbus Full Name of Contributor	0 1	43215		2 8	1 5 ber, if PA		25.00
			Registra	non ivan	uci, ii i A		
Laura M Polster	Employar(Occ	unotion (Labor Organization*				Form (Cash, Check	k etc.)
633 Sycamore Mill Dr	Employer/Occupation/Labor Organization*				Check		
City	State	Zip Code	М	D	ΙΥ	Amount	
Gahanna	O	. '	012	2 8	1 5	ranount	25.00
Full Name of Contributor	101	43230			ber, if PA	· · · · · · · · · · · · · · · · · · ·	23.00
Carolyn Lamacchia			Registia	non remn	DC1, II 171		
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check	k etc.)
315 Jackson Street	Employence	upation basis organization		Check			.,,
City	State	Zip Code		D	Y	Amount	
Dayton	OIE	. '	0 2	2 8	1 5		50.00
Full Name of Contributor	0 1 -	1 40410			ber, if PA	C.	00.00
Carol Gesalman							
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check	k, etc.)
2003 Timberline Trl	Employer/Occupation/Labor Organization					Check	
City	State	Zip Code	М	D	Y	Amount	
Springfield		'	0 2	218	$ _{1 _{5}}$		50.00
Full Name of Contributor		10000			ber, if PA	C	
Diana H Fowler							
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check	k, etc.)
210 Creighton Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	0 1:	1 43230	0 2	2 8	1 5		50.00
Full Name of Contributor		<u> </u>	Registra		ber, if PA	C	
Herbert B Asher							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
34 W Poplar Ave, Apt 501						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	0 1	43215	0 2	2 8	1 5		50.00
Full Name of Contributor		-			ber, if PA		
Suzanne C Helmick							
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check	k, etc.)
2050 Ellington Rd						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	0 1	l 43221	0 2	2 8	1 5		100.00
Full Name of Contributor Registration Number, if PAC							
Mark Mallory							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
907 Dayton Street		··-				Check	
City	State	Zip Code	М	D	Y	Amount	
Cincinnati	0 1	l 45214	0 3	0 4	1 5	<u> </u>	500.00

Page	Total	S	<u>850.00</u>

^{*} 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)]