

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Jolley</b>												
Full Name of Contributor <b>Bill Hedrick</b>						Registration Number, if PAC						
Street Address <b>535 W 1st Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   2</b>		D <b>2   8</b>		Y <b>1   5</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Laura M Polster</b>						Registration Number, if PAC						
Street Address <b>633 Sycamore Mill Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Gahanna</b>		State <b>O   H</b>		Zip Code <b>43230</b>		M <b>0   2</b>		D <b>2   8</b>		Y <b>1   5</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Carolyn Lamacchia</b>						Registration Number, if PAC						
Street Address <b>315 Jackson Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Dayton</b>		State <b>O   H</b>		Zip Code <b>45410</b>		M <b>0   2</b>		D <b>2   8</b>		Y <b>1   5</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Carol Gesalman</b>						Registration Number, if PAC						
Street Address <b>2003 Timberline Trl</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Springfield</b>		State <b>O   H</b>		Zip Code <b>45503</b>		M <b>0   2</b>		D <b>2   8</b>		Y <b>1   5</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Diana H Fowler</b>						Registration Number, if PAC						
Street Address <b>210 Creighton Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Gahanna</b>		State <b>O   H</b>		Zip Code <b>43230</b>		M <b>0   2</b>		D <b>2   8</b>		Y <b>1   5</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Herbert B Asher</b>						Registration Number, if PAC						
Street Address <b>34 W Poplar Ave, Apt 501</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   2</b>		D <b>2   8</b>		Y <b>1   5</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Suzanne C Helmick</b>						Registration Number, if PAC						
Street Address <b>2050 Ellington Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43221</b>		M <b>0   2</b>		D <b>2   8</b>		Y <b>1   5</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Mark Mallory</b>						Registration Number, if PAC						
Street Address <b>907 Dayton Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Cincinnati</b>		State <b>O   H</b>		Zip Code <b>45214</b>		M <b>0   3</b>		D <b>0   4</b>		Y <b>1   5</b>		Amount <b>500.00</b>

\* 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)]

Page Total \$ 850.00