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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							
Full Name of Contributor		1	Registra	ition Nun	nber, if PA	AC .	
Ian Polster		<u> </u>					
Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check, etc.)	
2003 Timberline Trail		i				Credit Card	
City	State	Zip Code	М	D	Y	Amount	
Springfield	O   H	45503	1 2	018	$1 \mid 1$	10.00	
Full Name of Contributor					nber, if PA		
Adam Friedman		İ					
Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check, etc.)	
139 East Lakeview						Credit Card	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	The state of the s	1 0	1 9	1	25.00	
Full Name of Contributor		1 10202			nber, if PA		
			i cogistit	tion rum	moer, n a r		
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
Siteet Address	Employer/Occii	pation/Labor Organization	ı.			rottii (Casii, Check, etc.)	
C:	Civit	7:- 0-1-	- 1		1 17		
City	State	Zip Code	M	D	Y	Amount	
		<u> </u>		<u> </u>			
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .	
		İ					
Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		1					
Full Name of Contributor		1	Registra	tion Nur	nber, if PA	AC	
		ļ					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
			l i		1 1		
Full Name of Contributor	<del></del> <u>-</u>	1	Registra	tion Nun	nber, if PA	AC .	
			l -		,	•	
Street Address	Employer/Occu	pation/Labor Organization	*	_		Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	I W	lί	1 1	Amoun	
F. II November of Contributes		<u> </u>	D	<u>                                     </u>	1 1000		
Full Name of Contributor		1	Registra	tion Nun	nber, if PA	iC	
G	- In ( 10						
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)	
		<u> </u>			<b>.</b>		
City	State	Zip Code	M	D	Y	Amount	
				<u> </u>			
Full Name of Contributor			Registra	ition Nur	nber, if PA	vC	
				_			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.		
		!					
City	State	Zip Code	М	D	Y	Amount	
1						I	
assigned for contributions from individuals area \$100 to state	and and annual parameter and	1.1-1 16 i. 1-11i	16 1 1				

\* 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 \$ 35.00