

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Jady L Johnson					Registration Number, if PAC		
Street Address 844 Crestway Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0 3	D 0 4	Y 1 5	Amount 100.00	
Full Name of Contributor Michael R Kroner					Registration Number, if PAC		
Street Address 1989 Madison Rd, Apt 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State O H	Zip Code 45208	M 0 3	D 0 4	Y 1 5	Amount 50.00	
Full Name of Contributor Lory JB Johnson					Registration Number, if PAC		
Street Address 1010 Elk Run Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Silverthorne	State C O	Zip Code 80498	M 0 3	D 0 7	Y 1 5	Amount 75.00	
Full Name of Contributor Jimmy Torchia/Hickory's Restaurant LLC					Registration Number, if PAC		
Street Address 753 S Front St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 3	D 0 7	Y 1 5	Amount 200.00	
Full Name of Contributor Troy Doucet/Doucet & Associates Co LPA					Registration Number, if PAC		
Street Address 700 Stonehenge Pkwy, Ste 2B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43017	M 0 3	D 0 7	Y 1 5	Amount 300.00	
Full Name of Contributor Adam S Friedman					Registration Number, if PAC		
Street Address 1292 S 4th St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 3	D 1 2	Y 1 5	Amount 150.00	
Full Name of Contributor Jerry Englehart					Registration Number, if PAC		
Street Address 177 Brevoort Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 3	D 1 6	Y 1 5	Amount 200.00	
Full Name of Contributor Patrick Branson					Registration Number, if PAC		
Street Address 7163 Wilmar Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0 3	D 2 4	Y 1 5	Amount 38.00	

* 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)]