



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jolley				
Full Name of Contributor Mara Polster-Wilson			Registration Number, if PAC	
Street Address 2529 W Carmen Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Chicago	State IL	Zip Code 60625	Date (MM/DD/YYYY) 02/05/2019	Amount 100.00
Full Name of Contributor Russell Goodwin			Registration Number, if PAC	
Street Address 376 Binns Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Columbus	State OH	Zip Code 43204	Date (MM/DD/YYYY) 02/06/2019	Amount 50.00
Full Name of Contributor Laura Jolley			Registration Number, if PAC	
Street Address 187 Regents Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/06/2019	Amount 50.00
Full Name of Contributor Lori Barber			Registration Number, if PAC	
Street Address 139 Regents Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/08/2019	Amount 100.00
Full Name of Contributor Mark Mallory			Registration Number, if PAC	
Street Address 907 Dayton St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Cincinnati	State OH	Zip Code 45214	Date (MM/DD/YYYY) 02/11/2019	Amount 250.00

*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 also appear. [R.C. 3517.10(B)(4)]