



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jolley				
Full Name of Contributor Bonnie DeHaven			Registration Number, if PAC	
Street Address 530 Lynwood Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Lancaster	State OH	Zip Code 43130	Date (MM/DD/YYYY) 02/13/2019	Amount 50.00
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) 02/14/2019	Amount 250.00
Full Name of Contributor Arlene Polster			Registration Number, if PAC	
Street Address 7841 Waggoner Chase Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 02/15/2019	Amount 50.00
Full Name of Contributor Adam Friedman			Registration Number, if PAC	
Street Address 1292 S 4th St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 02/15/2019	Amount 50.00
Full Name of Contributor Jerry Englehart			Registration Number, if PAC	
Street Address 510 Fairlawn Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 02/16/2019	Amount 100.00

*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)]