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R	C.	3517	1	n

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Statement of Loans Received

Prescribed by Secretary of State3/05

							-	l				
Full Name of Committee						-		!				
Citizens for Jolley		_								_		
From Whom Received								1	Prior A			Amt. Incurred this Period
Ryan P. Jolley								1	1,700.00			180.00
Address 617 Meadow Green, A	Apt B											Outstanding Balance 1,880.00
City	State	Zip Co	de	Loa	ns Recei	ved This	Period	1			Pavn	nents This Period
Gahanna	OIF	1 4323	30		Datc			Amount	Date Amount			
Date Loan was originally	$\begin{bmatrix} M \\ 0 \end{bmatrix}$ 3	D 1 1 (1 1	$\begin{bmatrix} M \\ 1 \end{bmatrix} 0$	D 2 8	$1 \mid 1$	S	10.00	М	Q [Y	S
Registration Number, if PAC				M	D	Y			М	D	Y	
				1 2	0 6	111		40.00		_		
Employer/Occupation/Labor Organization*					D 0 9	$\begin{array}{ c c }\hline Y \\ 1 & 1 \end{array}$		130.00	М	D	Y	
From Whom Received			-	112	1012	1111	<u>, </u>	130.00	Prior A	tnount	!!	Amt. Incurred this Period
Address								<u>, </u>				Outstanding Balance
		-, :-						-				
City	State	Zip Co	de	Loans Received This Period				i		_	nents This Period	
		1	1 17	1.4	Date	1		Amount		Date		Атоилт
Date Loan was originally Incurred	М	D	Y 	M	D	Y .	3	<u>;</u>	М	D	Y 	
Registration Number, if PAC				Mi	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received				!	. '	!		, ,	Prior A	mount	Amt. Incurred this Period	
Address												Outstanding Balance
City	State	Zip Co	de	1	D	d mad	D . 3 . 4	ı				This product
eny			Loans Received This Period Date			Amount	Paym Date			nents This Period Amount		
Date Loan was originally	М	D	Y	M	D	Y	S	7 model	М	T D	Y	S
Registration Number, if PAC			1 1	M	D	Y		; } !	М	D D	Y	
Employer/Occupation/Labor Organization*					D	Y	-	<u> </u>	M	D	Y	
				M!								<u></u>
* Required for contributions over \$100 to s if any, rather than employer should be listed the employees are members, if any, must apply the employees are member	d. If two opear. R e "Outsta	ormore er .C. 3517.1 anding Bal	nployees di 0(B)(4) ance" spacement of Exp	onate via p e. Transfe	payroll dec r total of a : (Form No	duction and the duction and th	nd exceedeceived	d the aggregate of \$10 this period to the State	0, the lat	bor organiz Other Incon	ation of w	No. 31-A-2).
3 Total Payments this Period \$					(also re			-B)				
4 Total Outstanding Polongs S			10	80 OO								