

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley									
Full Name of Contributor Ryan Jolley						Registration Number, if PAC			
Street Address 506 Flintwood Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Gahanna		State O H		Zip Code 43230		M 0 2	D 0 4	Y 1 5	Amount 5.00
Full Name of Contributor Ian Polster						Registration Number, if PAC			
Street Address 2003 Timberline Trl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Springfield		State O H		Zip Code 44503		M 0 1	D 3 1	Y 1 5	Amount 100.00
Full Name of Contributor Ryan Koch						Registration Number, if PAC			
Street Address 5843 Garden Hill Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H		Zip Code 43017		M 0 2	D 1 8	Y 1 5	Amount 100.00
Full Name of Contributor Rachel Gough						Registration Number, if PAC			
Street Address 1755 King Ave, Apt D			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H		Zip Code 43212		M 0 2	D 2 2	Y 1 5	Amount 100.00
Full Name of Contributor Louis Capobianco						Registration Number, if PAC			
Street Address 60 E Pawnee Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Powell		State O H		Zip Code 43065		M 0 2	D 2 3	Y 1 5	Amount 50.00
Full Name of Contributor Zach Williams						Registration Number, if PAC			
Street Address 9 Riverpointe Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Hastings on Hudson		State N Y		Zip Code 10706		M 0 2	D 2 6	Y 1 5	Amount 100.00
Full Name of Contributor Aftab Pureval						Registration Number, if PAC			
Street Address 111 Grafield Place, Apt 1206			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Cincinnati		State O H		Zip Code 45202		M 0 3	D 1 7	Y 1 5	Amount 250.00
Full Name of Contributor William DeMora						Registration Number, if PAC			
Street Address 100 Warren St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H		Zip Code 43215		M 0 3	D 1 7	Y 1 5	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 805.00