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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	<del></del>							
Citizens for Jolley								
Full Name of Contributor				Registration Number, if PAC				
David Flynn								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
516 Pointview Dr						Credit Card		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OH	43081	0 4	0 4	1   5	25.00		
Full Name of Contributor					ber, if PA			
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
	J State			1				
E. Il Norma of Contabutor		<u> </u>	Revistrat	ion Num	ber, if PA	C		
Full Name of Contributor			ix egisitat		,	=		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		T:- C-1:	-1.2	D	Γv	Amount		
City	State	Zip Code	M	D	Y	Amount		
		<u> </u>		<u> </u>				
Full Name of Contributor			Registrat	ton Nurr	ber, if PA	L		
					_			
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
	L							
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor		<u> </u>	Registra	tion Nun	ber, if PA	C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
<b></b> ,		`		1				
Full Name of Contributor			Registra	tion Nun	nber, if PA	C.		
an i-anc of Commonton					,			
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
Sitest Address Employer Secupation Cognition of Smith County Company of Compa								
0.	State	Zip Code		D	Y	Amount		
City	l	zip code	'*'		1			
			D amintan	tion Men	her if DA	<u> </u>		
Full Name of Contributor					Registration Number, if PAC			
		<del></del>				Francisco (Carlo Cl. 11 -1-)		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
			<del></del>	T =				
City	State	Zip Code	M,	D	Y	Amount		
						<u> </u>		
Full Name of Contributor			Registra	tion Nur	nber, if PA	AC		
l								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
L						_		
City	State	Zip Code	М	D	Y	Amount		
·	I L	ĺ			1 1			
	totowide and general assembly car	didates. If contributor is salt	f-employed the	occupatio	on and the	name of the		

\* 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 \$ 25.00