

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Nita L Wilson					Registration Number, if PAC		
Street Address 1104 Blithe Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Springfield	State O H	Zip Code 45503	M 0 4	D 2 3	Y 1 5	Amount 20.00	
Full Name of Contributor James A Anzelmo					Registration Number, if PAC		
Street Address 446 Howland Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 2 3	Y 1 5	Amount 50.00	
Full Name of Contributor SDCO					Registration Number, if PAC		
Street Address 929 Harrison Ave, Ste 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 3	Y 1 5	Amount 500.00	
Full Name of Contributor Darrell D Glover					Registration Number, if PAC		
Street Address 1209 Hill Rd N, # 117		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 4	D 2 3	Y 1 5	Amount 1,000.00	
Full Name of Contributor Leadership for Educational Equity - Franklin County PAC					Registration Number, if PAC		
Street Address 1805 7th Street, 8th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Wire		
City Washington	State D C	Zip Code 20001	M 0 4	D 2 3	Y 1 5	Amount 2,500.00	
Full Name of Contributor Stephanie J Piehowicz					Registration Number, if PAC		
Street Address 1346 Harrison Pond Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 4	D 2 5	Y 1 5	Amount 500.00	
Full Name of Contributor Bryce Culver					Registration Number, if PAC		
Street Address 7168 Billy Goat Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 4	D 2 5	Y 1 5	Amount 500.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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 \$ **5,070.00**