

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Jolley					
Full Name Pavpal			Registration Number, if PAC		
Address	Type* R E		M 	D 	Y
			Amount 1.95		
City	State 	Zip Code	Form(Cash,Check,etc) EFT		
Full Name Ryan P. Jolley			Registration Number, if PAC		
Address 617 Meadow Green Cir., Apt B	Type* L N		M 0 3	D 1 0	Y 1 1
			Amount 500.00		
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check		
Full Name Ryan P. Jolley			Registration Number, if PAC		
Address 617 Meadow Green Cir., Apt B	Type* L N		M 0 3	D 1 7	Y 1 1
			Amount 1,000.00		
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check		
Full Name Ryan P. Jolley			Registration Number, if PAC		
Address 617 Meadow Green Cir., Apt B	Type* L N		M 0 7	D 0 1	Y 1 1
			Amount 200.00		
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check		
Full Name			Registration Number, if PAC		
Address	Type*		M 	D 	Y
			Amount		
City	State 	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M 	D 	Y
			Amount		
City	State 	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M 	D 	Y
			Amount		
City	State 	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M 	D 	Y
			Amount		
City	State 	Zip Code	Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.