## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Jolley		<u>i</u>				<del></del>
Full Name of Contributor			Registra	tion Nu	mber, if F	PAC
Ian Polster		<u> </u>				
Street Address	Employer/Occ	upation/Labor Organi	zation*			Form (Cash, Check, etc.)
2003 Timberline Trail						Credit Card
City	State	Zip Code	M	D	Y	Amount
Springfield	O H	45503			1 1	10.00
Full Name of Contributor					mber, if P	PAC
Street Address	Employer/Occ	upation/Ląbor Organi	zation*			Form (Cash, Check, etc.)
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City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Nu	mber, if F	AC
Street Address	Employer/Occ	upation/Låbor Organi	zation*			Form (Cash, Check, etc.)
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City	State	Zip Code	М	D	Υ	Amount
		i				
Full Name of Contributor	<u> </u>	<u> </u>	Registra	tion Nu	mber, if F	PAC
Street Address	Employer/Occ	upation/Labor Organi	zation*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor		<del>'</del>	Registra	ition Nu	mber, if F	PAC
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Street Address	Employer/Occ	ation*			Form (Cash, Check, etc.)	
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City	State	Zip Code	М	D	Υ	Amount
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Full Name of Contributor		<u> </u>	Registra	tion Nu	mber, if F	PAC
Street Address	Employer/Occ	upation/Labor Organi	zation*			Form (Cash, Check, etc.)
City	State	Zip Code	М	Ð	Y	Amount
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Full Name of Contributor	<u> </u>	<del></del>	Registra	ition Nu	mber, if I	PAC
Street Address	Employer/Occ	cupation/Labor Organ	zation*		_	Form (Cash, Check, etc.)
City	State	Zip Code	M	О	Y	Amount
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Full Name of Contributor		<del>'</del> ;	Registra	ation Nu	mber, if I	PAC
		;	]		•	
Street Address	Employer/Occ	cupation/Labor Organ	ization*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
				:		]
equired for contributions from individuals over \$100	to statewide and general ass	embly candidates. If o	ontributor is self-e	mployed	d, the occ	cupation 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 \$	10.00
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