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Statement of Contributions Received

Prescribed by Secretary of State 3/05

						-		-	
Name of Committee in Full									
Citizens for Jolley			 						
Full Name of Contributor				Registrat	ion Num	ber, if PA	С		
Cierra Walker									
Street Address	Employer/	Осспра	tion/Labor Organization*				Form (Cash, Checl	k, etc.)	
109 Oklahoma Ave							Cash		
City	Stat	e	Zip Code	М	Ð	Y	Amount		
Gahanna		H	43230	0 3	2 4	1 5		100.00	
Full Name of Contributor	·····				ion Num	ber, if PA	C		
Harmon K Vredeveld									
Street Address	Employer/	Оссира	tion/Labor Organization*				Form (Cash, Chec	k, etc.)	
1089 Oregon Ave		-					Check		
City	Stat	te	Zip Code	Тм	D	Y	Amount		
Columbus	OI	Н	43201	0 3	2 4	1 5		25.00	
Full Name of Contributor	101		10201			ber, if PA	C	2.3.00	
Arlene Polster				i tagisii a			•		
Street Address	IEmployer	Occups	ation/Labor Organization*	Ь			Form (Cash, Chec	k etc.)	
	Employen	Occupa	MONTAGO: Organization				•		
7841 Waggoner Chase Blvd	C		Zip Code	М	D	Υ	Check Amount		
City Plant Park	Stat	Н	I -			1	Anoun	25.00	
Blacklick	101	11	43004	0 3		1 5 ber, if PA		25.00	
Full Name of Contributor				Registrat	ion ivum	ber, II PA	C		
Samuel J Dalessandro	I= .					-	F. (Carl Char	14- \	
Street Address	Employer	Occupa	ation/Labor Organization*				Form (Cash, Chec	K, etc.)	
193 Cole Dr			1	1			Check		
City	Stat		Zip Code	M	D	Y	Amount		
Fairfield	0	Н	45014	0 3	214	1 5		50.00	
Full Name of Contributor				Registrat	ion Num	ber, if PA	С		
James Leesburg									
Street Address	Employer	Occup:	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
651 Rose Way							Check		
City	Star	te	Zip Code	М	D	Y	Amount		
Gahanna		Н	43230	0 3	2 4	1 5		50.00	
Full Name of Contributor				Registrat	ion Num	ber, if PA	С		
Jason Phillips									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
1153 Riva Ridge Blvd							Check		
City	Sta	te	Zip Code	М	D	Y	Amount		
Gahanna		Η	43230	013	2 4	1 5		50.00	
Full Name of Contributor		•	<u> </u>	Registra	tion Num	ber, if PA	С		
Jeffrey T Stavroff	· · · · · · · · · · · · · · · · · · ·								
Street Address	Employer	Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
250 Daniel Burnham Sq, Unit 307		•	· ·				Check		
City	Sta	te	Zip Code	М	D	Y	Amount		
Columbus	$\log 1$	Н	43215	013	2 4	1 5		50.00	
Full Name of Contributor	10		40210			ber, if PA	С	00.00	
•									
Dorsey L Hager Jr Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
20590 Collins Rd	Employer/Occupation show Organization			Check					
City	Sta	te	Zip Code	М	D	Y	Amount		
		Н	·	I .				50.00	
Milford Center	0	11	43045	1013	2 4	1 5		50.0 <u>0</u>	

* 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 \$	400.00
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