

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | |
|---|--|-----------------------|---|--------------------------|--|-----------------------------|--|-------------------|--|---------------------------|--|-------------------------|--|
| Name of Committee in Full Citizens for Jolley | | | | | | | | | | | | | |
| Full Name of Contributor Mallory Murphy/Mallory Murphy Law LLC | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 146 Granville Stree, Ste D | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Gahanna | | State O H | | Zip Code 43230 | | M 0 | | D 7 | | Y 2 0 1 5 | | Amount 50.00 | |
| Full Name of Contributor Mark Mallory | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 907 Dayton St | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Credit Card | | | | | | |
| City Cincinnati | | State O H | | Zip Code 45214 | | M 0 | | D 9 | | Y 0 4 1 5 | | Amount 250.00 | |
| Full Name of Contributor Jimmy Torchia/Hickory's Restaurant LLC | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 753 S Front St | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Columbus | | State O H | | Zip Code 43206 | | M 1 1 | | D 1 7 | | Y 1 5 | | Amount 200.00 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 \$ 500.00