P	age <u>2</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full												
Citizens for Jollev												
							tration Number, if PAC					
Mallory Murphy/Mallory Murphy Lav	v LLC											
Street Address			tion/Labor Organization*				-	Form (Cash, Che	ck, etc.)			
146 Granville Stree, Ste D								Check				
City	Sta	ite	Zip Code	М	D		Y	Amount				
Gahanna	01	H	43230	017	21	0	1 5		50.00			
Full Name of Contributor				Registr	ation N	uml	er, if P	AC				
Mark Mallory												
Street Address		Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)				
907 Dayton St								Credit Card				
City	Sta	ite	Zip Code	М	D		Y	Amount				
Cincinnati	0 1	Н	45214	0 9	<u> 0 </u>	4	1 5		250.00			
Full Name of Contributor				Registr	ation N	uml	er, if P.	AC				
Jimmy Torchia/Hickory's Restaurant LLC												
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)				
753 S Front St	_							Check				
City	Sta		Zip Code	M	D.		Y	Amount				
Columbus	0	Н	43206	111		•	1 5		200.00			
Full Name of Contributor	_			Registr	ation N	lumi	er, if P	AC				
				<u> </u>								
Street Address	Employer	r/Occupa	tion/Labor Organization*					Form (Cash, Che	ck, etc.)			
City	Sta	ue.	Zip Code	M	l D		Y	Amount				
				<u> </u>	1_1		. 1	1				
Full Name of Contributor				Registi	ation N	lum	ber, if P	AC				
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				ek, etc.)							
	<u> </u>					_		ļ. <u> </u>	_			
City	Sta	ate	Zip Code	M			Y	Amount				
			<u></u>									
Full Name of Contributor				Regist	ration I	үшп	ber, if P	AC				
						_		E (C) (T	.1 .4.3			
Street Address	Employe	r/Occup	ation/Labor Organization*					Form (Cash, Che	eck, etc.)			
	<u> </u>			T	1 -			A				
City	St	ate '	Zip Code	M,	D		Y	Amount				
				1 1			1 1	<u> </u>				
Full Name of Contributor				Regist	ration i	Num	ber, if P	AC				
						_	_	Form (Cash Che	eck etc.)			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, et						.en, 616. <i>j</i>						
	 _		Tr. C !	1 17	1 -	_	ΙΥ	Amount				
City	St	ate i	Zîp Code	M		, 	'	All Koulik				
	<u></u>	1		D	mics.	ļ V	her if t	PAC				
Full Name of Contributor Registration Number, if PAC												
	Ir 1	-/0	asian/Labor Organization*		_	_		Form (Cash, Ch	eck. etc.)			
Street Address	Employe	r/Occup	ation/Labor Organization*					I our Casi, Cir				
	+		7in Code	М	1 [ΙΥ	Amount				
City	St	ate I	Zip Code	"	Ι,		Ι'n	1				
The state of the s	٠, ,	<u> </u>	idates. If contributor is self-emp	layed the	L OCCUI	atio	n and th	e 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 S	500.00