

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Jolley						Registration Number, if PAC			
Full Name Ryan P. Jolley						Registration Number, if PAC			
Address 187 Regents Road		Type* L N				M 1	D 0	Y 2	Amount 10.00
City Gahanna		State O H		Zip Code 43230		Form(Cash,Check,etc) Check			
Full Name Ryan P. Jolley						Registration Number, if PAC			
Address 187 Regents Road		Type* L N				M 1	D 2	Y 0	Amount 40.00
City Gahanna		State O H		Zip Code 43230		Form(Cash,Check,etc) Cash			
Full Name Ryan P. Jolley						Registration Number, if PAC			
Address 187 Regents Road		Type* L N				M 1	D 2	Y 0	Amount 130.00
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)			
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.

Page Total \$ 180.00