31-A-2
R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Citizens for Jolley

Full Name	Address	Type*	City	State	Zip Code	Registration Number, if PAC	M	D	Y	Amount	Form (Cash, Check, etc)
Ryan P. Jolley	617 Meadow Green Circle Apt B	LN	Gahanna	OH	43230		10	28	11	10.00	Check
Ryan P. Jolley	617 Meadow Green Circle Apt B	LN	Gahanna	OH	43230		12	06	11	40.00	Cash
Ryan P. Jolley	617 Meadow Green Circle Apt B	LN	Gahanna	OH	43230		12	09	11	130.00	Check

* 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