Statement of Contributions Received

Prescribed by Secretary of State 3/05

			<u> </u>					
Name of Committee in Full								
Citizens for Jolley								
Full Name of Contributor				Registr	ation Num	ber, if PA	.C	
Jay Taneja	_		1					
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check,	,
1141 Colusa Avenue							Credit Cai	rd
City	Stat		Zip Code	M	D	Y	Amount	
Berkeley	C	Α	94707	0 5	0 7	1 1		10.00
Full Name of Contributor				Registr	ation Num	ber, if PA	.C	
James H. Jolley								
Street Address	Employer/	Оссира	tion/Labor Organization*				Form (Cash, Check,	etc.)
8715 Bayport Drive							Check	
City	Stat	е	Zip Code	M	D	Y	Amount	
Centerville	0	Н	45458	0 5	018	1 1		25.00
Full Name of Contributor		•		Registr	ation Num	iber, if PA	C.C.	
L. Ronald Polster								
Street Address	Employer/	Оссира	tion/Labor Organization*				Form (Cash, Check,	etc.)
300 Revere Road			1				Credit Cai	rd
City	Stat	e	Zip Code	М	D	Y	Amount	
Columbus	0 1	Η	43213	0 5	019	111		25.00
Full Name of Contributor			1		ation Num		C	
The Shoemaker Company, Keith Shoe	maker							
Street Address		Оссира	tion/Labor Organization*				Form (Cash, Check,	etc.)
100 South 3rd Street, Suite III	The Shoemaker Company				Check			
City	Stat		Zip Code	М	D	Y	Amount	
Columbus	01	Н	43215	1015	115	111	1	100.00
Full Name of Contributor			1		ation Num			
Jady L. Johnson								
Street Address	Employer/	Оссира	uion/Labor Organization*				Form (Cash, Check,	etc.)
844 Crestway Drive							Check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Columbus	$\log 1$	Н	43215	015	1 5	1111	1	100.00
Full Name of Contributor					ation Num			
Troy J. Doucet, Esq.								
Street Address	Employer/	Occupa	ation/Labor Organization*	<u> </u>	•		Form (Cash, Check,	, etc.)
4200 Regent Street, Suite 200			ļ				Check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43219	015	2 <u> 1</u>	1111		50.00
Full Name of Contributor					ation Nun			
Nita L. Wilson								
Street Address	Employer/	Оссира	tion/Labor Organization*				Form (Cash, Check,	, etc.)
1104 Blithe Road			-				Check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Springfield	01	Н	45503	015	5 2 4	$ _{1 _1}$		25.00
Full Name of Contributor			1		ation Nun		\C	
Lori JB O'Bryan								
Street Address	Employer	Оссир	ition/Labor Organization*				Form (Cash, Check,	, etc.)
1010 Elk Run Road	1						Check	•
City	Star	te	Zip Codè	М	D	Y	Amount	·
Silverthon		U	0	015		1		50.00
Paguired for contributions from individuals over \$100 to statewide and gar			V I				I acomo afeba	55.00

* 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 \$	385.00