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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Norman Commission Full					
Name of Committee in Full					
Citizens for Jolley Full Name of Contributor			Decistrat's	- Ni made a mid O A	<u> </u>
			Registration	n Number, if PA	C
Jay Taneja Street Address	Feedlay as / Oncurs	ntine (Labor Organization)			Form (Cash, Check, etc.)
	Employer/ Occup	ation/Labor Organization*			
1141Colusa Avenue		1	1		Credit Card
City Berkeley	State C A	Zip Code 94707	1 : 1	D Y 7 1 1	Amount 10.00
Full Name of Contributor				n Number, if PA	
James H. Jolley					
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
8715 Bayport Drive		_			Check
City	State	Zip Code	M	D Y	Amount
Centerville	O H	45458	0 5 0	1 1	25.00
Full Name of Contributor		45450		n Number, if PA	
L. Ronald Polster					
Street Address	Employer/Occup	ation/Labor Organization*	L		Form (Cash, Check, etc.)
	i inployen occup	acion acion organizacion			Credit Card
300 Revere Road City	State	Zip Code	M:	D Y	Amount
· ·		· ·	1 ; [
Columbus Full Name of Contributor	OH	43213		9 1 1 n Number, if PA	25.00
	1		Registration	ir Nomber, ir rA	
The Shoemaker Company, Keith Shoe Street Address		with the second second second			E (0
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
100 South 3rd Street, Suite 111		The Shoemaker Company			Check
City	State	Zip Code	1 1	D Y	Amount
Columbus	O H	43215	0 5 1		100.00
Full Name of Contributor			Registration	n Number, if PA	С
Jady L. Johnson					<u> </u>
Street Address	Employer/Occupa	ation/Labor Organization*			Form (Cash, Check, etc.)
844 Crestway Drive					Check
City .	State	Zip Code	1 1 1	D Y	Amount
Columbus	O H	43215	0 5 1	5 1 1	100.00
Full Name of Contributor			Registration	Number, if PA	C
Troy J. Doucet, Esq.					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4200 Regent Street, Suite 200					Check
City	State	Zip Code	1 ' 1	D Y	Amount
Columbus	O H	43219	0 5 2	. 1 1 1	50.00
Full Name of Contributor			Registration	n Number, if PA	C
Nita L. Wilson					
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
1104 Blithe Road					Check
City	State	Zip Code	М	D Y	Amount
Springfield	OH	45503	0 5 2	4 1 1	25.00
Full Name of Contributor		1		n Number, if PA	
Lori JB O'Bryan					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1010 Elk Run Road				Check	
City	State	Zip Code	М	D Y	Amount
Silverthon	CO	80498	1 1	5 1 1	50.00
Payeraton			10:012	- i o i r i r	30.00

* 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