Event Date	5/19/11
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens for Jollev Full Name of Contributor Registration Number, if PAC Leah Polster Employer/Occupation/Labor Organization\* D Amount Street Address 10.00 0|5|1|9|1|1 633 Sycamore Mill Dr Form(Cash,Check,etc) Zip Codê  $O \mid H$ 43230 Cash Gahanna Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization\* Zip Code Form(Cash,Check,etc) State City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization\* Amount D Street Address Zip Code Form(Cash,Check,etc) Registration Number, if PAC Amount Employer/Occupation/Labor Organization\* D Street Address Form(Cash,Check,etc) Zip Code State City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization\* D Amoust Street Address State Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Antount Employer/Occupation/Labor Organization\* Street Address State Zip Code [ Form(Cash,Check,etc) City \* R indí org

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Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amo	unt
City	State	Zip Code	Form(Cash,Check,etc)	
quired for contributions from individuals over \$100 to st ridual's business, if any, rather than employer should be lanization of which the employees are members, if any, multiplied in the boxes below only on the last page for this ever	listed. If two or more employees coust appear. [R.C. 3517.10(B)(4)]	ontribute via payroll deduction	and exceed the aggregate of \$100, the	labor
Transfer the Total contributions for this event to form N in the date column.	lo, 31-A. Under Full Name of Con	ributor state "Contributions fo	om form No. 31-E" and list the date of t	the event
Total contributions this event	Total expenditures	his event	Page Tot	al \$10.00
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