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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	· · · ·	-				
Citizens for Jollev	<u>_</u>					
Full Name of Contributor			Registrat	ion Nunt	er, if PA	c
Al Donahey/Noble Donahey Inv	estment Co LLC					<u> </u>
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)
108 A N High St	ļ	_				Check
City	State	Zip Code	М	Đ	Y	Amount
New Albany	O H_	43054	0 4	0 4	1 5	100.00
Full Name of Contributor			Registrat	ion Numb	ж, if PA	С
Citizens for Wright						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
235 W Johnstown Rd 3B	ļ	_				Check
City	State	Zip Code	M	Đ	Y	Amount
Gahanna	O H	43230	0 4	0 4	1 5	130.00
Full Name of Contributor			Registra	tion Numb	er, if PA	С
Dominic Olivo						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
31101 Diane Ct						Check
City	State	Zip Code	M	D	Y	Amount
Wickliffe	0 Н	44092	014	0 8	1 5	100.00
Full Name of Contributor	 -		Registra	tion Numl	ber, if PA	С
Robert Zaino						
Street Address	Employer/Occup	ation/Labor Organization*	-	-		Form (Cash, Check, etc.)
1045 Eastchester Dr						Check
City	State	Zip Code	М	D	Y	Amount
Gahanna	OIH	43230	0 4	018	1 5	200.00
Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	ı.C
Mark H. Mueser						
Street Address	Employer/Occup	ation/Labor Organization*	-			Form (Cash, Check, etc.)
80 Cherrybottom Rd						Check
City	State	Zip Code	М	D	Y	Amount
Gahanna	OIH	43230	0 4	1 3	1 5	<u>50.0</u>
Full Name of Contributor	<u> </u>	<u> </u>	Registra	tion Num	ber, if PA	vC
Karen Andermills				_		
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
6142 Applegate Ln						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	0 H	43213	0 4	1 5	115	25.0
Full Name of Contributor				tion Num		
James A Anzelmo						_
Street Address	Employer/Occup	oation/Labor Organization*	-			Form (Cash, Check, etc.)
446 Howland Dr						Check
City	State	Zip Code	М	D	Y	Amount
Gahanna	ОІН	43230	014	115	115	50.0
Full Name of Contributor				ation Num		
Street Address	Employer/Occup	pation/Labor Organization*		_		Form (Cash, Check, etc.)
an ver , address		-				_
City	State	Zip Code	М	D	Y	Amount
	<u>l</u> 1					
		11. 10. 11. 11.	employed the		o and the	name of the

* 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 \$ 655.00