3	1-	С		
R	C	351	17	10

Page _	28

Statement of Loan's Received

Prescribed by Secretary of State3/05

Full Name of Committee Citizens for Jollev											
L 107ens for follow											
From Whom Received								Prior Ar	nount		Amt. Incurred this Period
Ryan P. Jolley			i		0.00		0.00	1,700.0			
Address						-				0.00	Outstanding Balance
617 Meadow Green, A	ent B					ì					1,700.0
City		Zip Code	1.01	ans Receiv	ed This P	eriod }				Paym	ents This Period
Gahanna		43230	.,	Date			Amount		Date		Amount
Date Loan was originally	М	D Y	M	D	Y	s i		М	D	Y	\$
Incurred 🖶	0 3	1 0 1 1	1 0 3	110	111		500.00			l 1	
Registration Number, if PAC	<u> </u>	<u> </u>	M	D	Y	i		М	D	Y	
			0 3	117	1111	. !	1000.00		_		
Employer/Occupation/Labor Organization*			M	D	Y	1		М	D	Y	
			0 7	$0 \mid 1$	111	!	200.00			ļ	
From Whom Received	,							Prior A	nount		Amt, Incurred this Period
Address						i					Outstanding Balance
City	State	Zip Code	Lo.	ans Receiv	ed This P	eriod				_	ents This Period
				Date			Amount		Dat		Amount
Date Loan was originally	М	D Y	М	D	Y	S		М	D	Y	\$
Incurred						<u>`</u>			1		<u> </u>
Registration Number, if PAC			М	D	Y		1	М	D	Y	
					<u> </u>	<u> </u>			 	1	ļ
Employer/Occupation/Labor Organization*			М	D	Y,	ĺ	1	М	D	Y	
			<u>_</u>			Щ.		D : .	1	l !	A T d ship Opera d
From Whom Received							1	Prior A	mount		Amt, Incurred this Period
							-				Outstanding Polones
Address							i				Outstanding Balance
	1 0	Terror de la	_ _		 		·	-			This Devices
City	State	Zip Code	Lo	oans Receiv Date	ved This P	eriod	' Amount		Dat		nents This Period Amount
Date Loan was originally	M	DY	M	Date	ΙΥ	\$	Autount	М	T D	Υ	ls
The state of the s	IVI		IVI	Ιŭ	',	ľ	1	["]	Ι'n		Ť
				1 1		4					
Incurred	<u> </u>		M	 	$+\sqrt{}$			M	D	T Y	<u> </u>
Registration Number, if PAC	<u> </u>	<u> </u>	М	D	Y			М	D	Y	
Registration Number, if PAC				11_						Y	
200 mm - 1			M	D D	Y			M M	D D		
Registration Number, if PAC				11_							
Registration Number, if PAC Employer/Occupation/Labor Organization			M	D	Y	alf am	land exemption as	M	D	Y	husiness
Registration Number, if PAC Employer/Occupation/Labor Organization* * Required for contributions over \$100 to see	statewide	and general assen	M M	D ates. If con	Y tributor is s	ielf-emp	bloyed, occupation an	M M	D D	Y	business,
Registration Number, if PAC Employer/Occupation/Labor Organization Required for contributions over \$100 to sif any, rather than employer should be liste	statewide	ormore employees	M M	D ates. If con	Y tributor is s	self-em	bloyed, occupation and the aggregate of \$10	M M	D D	Y	business, which
Registration Number, if PAC Employer/Occupation/Labor Organization* * Required for contributions over \$100 to see	statewide	ormore employees	M M	D ates. If con	Y tributor is s	self-em;	bloyed, occupation and the aggregate of \$10	M M	D D	Y	business, which
Registration Number, if PAC Employer/Occupation/Labor Organization Required for contributions over \$100 to sif any, rather than employer should be listed the employees are members, if any, must a	statewide d. If two o ppear, R.O	ormore employees C. 3517.10(B)(4)	M ably candida s donate via	D ates. If con a payroll de	Y tributor is s	d excee	d the aggregate of \$10	M M d the nar	D ne of the ir	Y 	which
Registration Number, if PAC Employer/Occupation/Labor Organization Required for contributions over \$100 to see if any, rather than employer should be listed the employees are members, if any, must a lf a loan is forgiven, write "Forgiven" in the	statewide d. If two o ppear, R.G	ormore employees C. 3517.10(B)(4) nding Balance" sp	mbly candida s donate via	ates. If con a payroll de	Y Y duction and	d exceed	d the aggregate of \$10	d the nar	D D D D D D D D D D D D D D D D D D D	Y dividual's eation of v	No. 31-A-2).
Registration Number, if PAC Employer/Occupation/Labor Organization Required for contributions over \$100 to sif any, rather than employer should be listed the employees are members, if any, must a	statewide d. If two o ppear, R.G	ormore employees C. 3517.10(B)(4) nding Balance" sp	mbly candida s donate via	ates. If con a payroll de	Y Y duction and	d exceed	d the aggregate of \$10	d the nar	D D D D D D D D D D D D D D D D D D D	Y dividual's eation of v	No. 31-A-2).
Registration Number, if PAC Employer/Occupation/Labor Organization* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must a lf a loan is forgiven, write "Forgiven" in th Transfer total of all payments made in this	statewide d. If two o ppear, R.G	ormore employees C. 3517.10(B)(4) nding Balance" sp the Statement of l	ably candida s donate via vace. Transfe Expenditure	ates. If con a payroll de	Y Y duction and	d exceed	d the aggregate of \$10	d the nar	D D D D D D D D D D D D D D D D D D D	Y dividual's eation of v	No. 31-A-2).
Registration Number, if PAC Employer/Occupation/Labor Organization Required for contributions over \$100 to see if any, rather than employer should be listed the employees are members, if any, must a lf a loan is forgiven, write "Forgiven" in the	statewide d. If two o ppear, R.G	ormore employees C. 3517.10(B)(4) nding Balance" sp	ably candida s donate via vace. Transfe Expenditure	ates. If con a payroll de	Y Y duction and	d exceed	d the aggregate of \$10	d the nar	D D D D D D D D D D D D D D D D D D D	Y dividual's eation of v	No. 31-A-2).
Registration Number, if PAC Employer/Occupation/Labor Organization* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must a lf a loan is forgiven, write "Forgiven" in th Transfer total of all payments made in this 1 Total prior amount \$	statewide d. If two o ppear, R.G	ormore employees C. 3517.10(B)(4) Inding Balance" sp the Statement of 1	mbly candidate via sace. Transfe Expenditure	ates. If con a payroll de- fer total of a	tributor is a duction and	d exceed	d the aggregate of \$10	d the nar	D D D D D D D D D D D D D D D D D D D	Y dividual's eation of v	No. 31-A-2).
Registration Number, if PAC Employer/Occupation/Labor Organization* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must a lf a loan is forgiven, write "Forgiven" in th Transfer total of all payments made in this	statewide d. If two o ppear, R.G	ormore employees C. 3517.10(B)(4) Inding Balance" sp the Statement of 1	ably candida s donate via vace. Transfe Expenditure	ates. If con a payroll de- fer total of a	tributor is a duction and	d exceed	d the aggregate of \$10	d the nar	D D D D D D D D D D D D D D D D D D D	Y dividual's eation of v	No. 31-A-2).
Registration Number, if PAC Employer/Occupation/Labor Organization* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must a lf a loan is forgiven, write "Forgiven" in th Transfer total of all payments made in this 1 Total prior amount \$ 2 Total received this period \$	statewide d. If two o ppear, R.G	ormore employees C. 3517.10(B)(4) Inding Balance" sp the Statement of 1	mbly candidate via sace. Transfe Expenditure	ates. If con payroll de er total of a es (Form No	tributor is a duction and all loans reco, 31-B). T	d exceed ceived t transfer A-2)	d the aggregate of \$10 his period to the State Total Outstanding Ba	d the nar	D D D D D D D D D D D D D D D D D D D	Y dividual's eation of v	No. 31-A-2).
Registration Number, if PAC Employer/Occupation/Labor Organization* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must a lf a loan is forgiven, write "Forgiven" in th Transfer total of all payments made in this 1 Total prior amount \$	statewide d. If two o ppear, R.G	ormore employees C. 3517.10(B)(4) Inding Balance" sp the Statement of 1	mbly candidate via sace. Transfe Expenditure	ates. If con payroll de er total of a es (Form No	tributor is a duction and	d exceed ceived t transfer A-2)	d the aggregate of \$10 his period to the State Total Outstanding Ba	d the nar	D D D D D D D D D D D D D D D D D D D	Y dividual's eation of v	No. 31-A-2).
Registration Number, if PAC Employer/Occupation/Labor Organization* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must a lf a loan is forgiven, write "Forgiven" in th Transfer total of all payments made in this Total prior amount \$ Total received this period \$ Total Payments this Period \$	statewide d. If two o ppear, R.G	omore employees C. 3517.10(B)(4) Inding Balance" sp the Statement of 1 O.0	mbly candidate via sace. Transfe Expenditure 0 0.00	ates. If con a payroll de cer total of a es (Form No	tributor is a duction and all loans reco. 31-B). T	d exceed to ceived to transfer A-2)	d the aggregate of \$10 his period to the State Total Outstanding Ba	d the nar	D D D D D D D D D D D D D D D D D D D	Y dividual's eation of v	No. 31-A-2).
Registration Number, if PAC Employer/Occupation/Labor Organization* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must a lf a loan is forgiven, write "Forgiven" in th Transfer total of all payments made in this 1 Total prior amount \$ 2 Total received this period \$	statewide d. If two o ppear, R.G	omore employees C. 3517.10(B)(4) Inding Balance" sp the Statement of 1 O.0	mbly candidate via sace. Transfe Expenditure	ates. If con a payroll de cer total of a es (Form No	tributor is a duction and all loans reco. 31-B). T	d exceed to ceived to transfer A-2)	d the aggregate of \$10 his period to the State Total Outstanding Ba	d the nar	D D D D D D D D D D D D D D D D D D D	Y dividual's eation of v	No. 31-A-2).