



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jolley				
Full Name of Contributor Bhumika Patel			Registration Number, if PAC	
Street Address 2631 Aschinger Blvd Suite 1100		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 03/14/2019	Amount 50.00
Full Name of Contributor Michael Toland			Registration Number, if PAC	
Street Address 432 E. Rich St Unit 4B		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 03/18/2019	Amount 250.00
Full Name of Contributor Jennifer Klepeisz			Registration Number, if PAC	
Street Address 1632 Glenn Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 03/18/2019	Amount 25.00
Full Name of Contributor Mary Dixon			Registration Number, if PAC	
Street Address 847 Eastchester Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03/20/2019	Amount 50.00
Full Name of Contributor Citizens for Jason Phillips			Registration Number, if PAC	
Street Address 1153 Riva Ridge Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03/23/2019	Amount 161.13

*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 also appear. [R.C. 3517.10(B)(4)]