

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Stephen J Leben					Registration Number, if PAC		
Street Address 29475 Savle Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Willoughbv Hills	State O H	Zip Code 44092	M 0 3	D 2 4	Y 1 5	Amount 150.00	
Full Name of Contributor Betsy Becker					Registration Number, if PAC		
Street Address 6346 Angeles Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 3	D 3 0	Y 1 5	Amount 125.00	
Full Name of Contributor Kristin Bryant					Registration Number, if PAC		
Street Address 6644 Rosetree Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Revnoldsburg	State O H	Zip Code 43068	M 0 3	D 3 0	Y 1 5	Amount 25.00	
Full Name of Contributor Michael K Johnston					Registration Number, if PAC		
Street Address 5956 McJesv Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 3	D 3 0	Y 1 5	Amount 50.00	
Full Name of Contributor Rae L White					Registration Number, if PAC		
Street Address 1744 Harrison Pond Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 3	D 3 0	Y 1 5	Amount 100.00	
Full Name of Contributor Bill R Hedrick					Registration Number, if PAC		
Street Address 535 W 1st Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 0 4	Y 1 5	Amount 25.00	
Full Name of Contributor James A Anzelmo					Registration Number, if PAC		
Street Address 446 Howland Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 0 4	Y 1 5	Amount 100.00	
Full Name of Contributor Richard L Roberts Jr					Registration Number, if PAC		
Street Address 41 W Lincoln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 0 4	Y 1 5	Amount 100.00	

* 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 \$ 675.00