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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	· <u> </u>			_		<u> </u>	
Citizens for Jolley							
Full Name of Contributor				Registration Number, if PAC			
Citizens for Bishoff							
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)	
545 E Town St	' '	-				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43215	012	013	116	1,000.00	
Full Name of Contributor		10210	Registrat				
 							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
					77	-	
City	State	Zip Code	M,	D 1	Y	Amount	
<u> </u>				!	'CD4		
Full Name of Contributor	Registrat	Registration Number, if PAC					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Succe Municipal Control of Contro							
City	State	Zip Code	М	D	Y	Amount	
[
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
<u></u>							
City	State	Zip Code	M I	D	Y	Amount	
			Registra	tion Num	her if PA	\C	
Full Name of Contributor			1.020		,		
Street Address	Employer/Occupation/Labor Organization®					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
,							
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Nur	iber, if PA	AC	
Street Address	apation/Labor Organization	. 	Form (Cash, Check, etc.)				
Street Addition							
City	State	Zip Code	М	D	Y	Amount	
						<u></u>	
Full Name of Contributor			Registra	ition Nun	iber, if Pa	AC	
Street Address Employer/Occupation/Labor Organization*				_		Form (Cash, Check, etc.)	
Street Address Employer/Occupation		apadon caesa Organization	MODI LADOT OT BAILEAUDU				
City	State	Zip Code	М	D	Y	Amount	
City]	1_1			
5100	toronide and general assembly car	validates. If contributor is se	If-employed, the	occupatio	n 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 \$ 1,000.00