

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 Sayle Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Willoughby 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 Reynoldsburg	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 McJessy 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