

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Jolley									
To Whom Paid Paypal						M	D	Y	Amount
						0	8	1	3.20
Address		Purpose Merchant Fee							
City	State	Zip Code	Check Number						
			EFT						
To Whom Paid Paypal						M	D	Y	Amount
						0	9	2	0.59
Address		Purpose Merchant Fee							
City	State	Zip Code	Check Number						
			EFT						
To Whom Paid Ohio Ethics Commission						M	D	Y	Amount
						1	0	1	35.00
Address 30 West Spring Street, L3w		Purpose Filing Fee							
City Columbus	State O	Zip Code H 43215	Check Number 10063						
To Whom Paid Paypal						M	D	Y	Amount
						1	0	1	13.00
Address		Purpose Merchant Fee							
City	State	Zip Code	Check Number						
			EFT						
To Whom Paid Paypal						M	D	Y	Amount
						1	0	1	1.03
Address		Purpose Merchant Fee							
City	State	Zip Code	Check Number						
			EFT						
To Whom Paid Paypal						M	D	Y	Amount
						1	0	1	10.09
Address		Purpose Merchant Fee							
City	State	Zip Code	Check Number						
			EFT						
To Whom Paid Paypal						M	D	Y	Amount
						1	0	1	2.80
Address		Purpose Merchant Fee							
City	State	Zip Code	Check Number						
			EFT						
To Whom Paid Paypal						M	D	Y	Amount
						1	0	1	0.45
Address		Purpose Merchant Fee							
City	State	Zip Code	Check Number						
			EFT						