Door	3
Lage	╧──

Statement of Contributions Received

Prescribed by Secretary of State 3/05

					_	
Name of Committee in Full						
Citizens for Jolley						
Full Name of Contributor	,	.	Registration	Number, if PA	С	
Bill Hedrick			_			
Street Address	Employer/Occupa	tion/Labor Organization*	· 		Form (Cash, Chec	ck, etc.)
535 W 1st Ave					Check	
City	State	Zip Code	М	D Y	Amount	
Columbus	ОТН	43215	012 2	18 115		25.00
Full Name of Contributor		10210		Number, if PA	C	
Laura M Polster						
Street Address	Employer/Occupa	tion/Labor Organization*			Form (Cash, Che	ck, etc.)
	Employen occupa	10,0 22007 O. Barrian			Check	
633 Sycamore Mill Dr	State	Zip Code	М	D Y	Amount	
City	1	l -	1	18 115	,	25.00
Gahanna	O H	43230		Number, if PA		23.00
Full Name of Contributor			Registration	i Number, ii rz	ic.	
Carolyn Lamacchia		 	L		Form (Cash, Che	-Ü)
Street Address	Employer/Occupa	tion/Labor Organization*			•	ck, etc.)
315 Jackson Street					Check	
City	State	Zip Code	1 1	D Y	Amount	50.00
Dayton	J O H	45410		8 1 5	<u></u>	50.00
Full Name of Contributor		<u> </u>	Registration	Number, if PA	vC	
Carol Gesalman						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)	
2003 Timberline Trl	-				Check	
City	State	Zip Code	М	D Y	Amount	
Springfield	OLH	45503	01212	2 8 1 5		50.00
Full Name of Contributor			Registration	Number, if PA	AC .	
Diana H Fowler						
Street Address	Employer/Occupa	ation/Labor Organization*			Form (Cash, Che	ck, etc.)
	Improyer overp				Check	
210 Creighton Ct	State	Zip Code	l M	D Y	Amount	<u>_</u>
City	l _ i	43230	1 1	2 8 1 5		50.00
Gahanna	101H	43230				30.00
Full Name of Contributor Registration Number, if PAC						
Herbert B Asher		1 7 7 0 1 1 1			Form (Cash, Che	rek etc.)
Street Address	Employer/Occup	ation/Labor Organization*			Check	or, cu.,
34 W Poplar Ave, Apt 501		<u> </u>	1 1/2 1	D Y	Amount	
City	State	Zip Code	M	_		=0.00
Columbus	OIH	43215	012[2	2 8 1 <u> 5</u>	<u>l</u>	50.00
Full Name of Contributor			Registration	n Number, if P	AC	
Suzanne C Helmick						
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Che	eck, etc.)
2050 Ellington Rd					Check	
City	State	Zip Code	М	D Y	Amount	
Columbus	OIH	43221		2 8 1 <u>5</u>		100.00
Full Name of Contributor			Registratio	n Number, if P	AC	
Mark Mallory						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
907 Dayton Street					Check	
	State	Zip Code	M	D Y	Amount	
City City and the	OTH	45214	013	0 4 1 5	; 1	500.00
Cincinnati		43214		emertion and 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 \$	850.00