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## **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 PAC |                          |                 |                                |  |
| Al Donahey/Noble Donahey Inv                         | estment Co LLC                          |                                   |           |                             |                          |                 |                                |  |
| Street Address                                       | Employer/Occupa                         | ation/Labor Organization*         |           |                             |                          | Form (Cash, Che | eck, etc.)                     |  |
| 108 A N High St                                      |   |                                   |           |                             | Check                    |                 |                                |  |
| City   | State                                   | Zip Code                          | М         | D                           | Y                        | Amount          |                                |  |
| New Albany   | 0   H                                   | 43054                             | 0 4       | 0 4                         | 1 5                      |                 | 100.00                         |  |
| Full Name of Contributor                             |   |                                   | Registrat | ion Numl                    | er, if PA                | С               |                                |  |
| Citizens for Wright                                  |   |                                   |           |                             | _                        |                 |                                |  |
| Street Address                                       | Employer/Occup                          |                                   |           |                             | Form (Cash, Check, etc.) |                 |                                |  |
| 235 W Johnstown Rd 3B                                |   |                                   |           |                             | Check                    |                 |                                |  |
| City   | State                                   | Zip Code                          | М         | D                           | Y                        | Amount          | 450.00                         |  |
| Gahanna  | O   H                                   | 43230                             | 0 4       |                             |                          |                 | 130.00                         |  |
| Full Name of Contributor                             | Registration Number, if PAC             |                                   |           |                             |                          |                 |                                |  |
| Domin <u>ic</u> Oli <u>vo</u>                        |   |                                   |           |                             |                          |                 |                                |  |
| Street Address                                       | Employer/Occup                          | ation/Labor Organization*         |           |                             |                          | Form (Cash, Ch  | eck, ctc.)                     |  |
| 31101 Diane <u>Ct</u>                                |   |                                   |           |                             |                          | Check           |                                |  |
| City   | State                                   | Zip Code                          | M         | D                           | Υ                        | Amount          | 400.00                         |  |
| Wickliffe  | O   H                                   | 44092                             | 0 4       |                             |                          |                 | 100.00                         |  |
| Full Name of Contributor                             |   |                                   | Registra  | tion Num                    | ber, if PA               | AC .            |                                |  |
| Robert Zaino   |   | <del> </del>                      |           |                             |                          | E (0.1.0)       | 1                              |  |
| Street Address                                       | Employer/Occupation/Labor Organization* |                                   |           | Form (Cash, Check, etc.)    |                          |                 |                                |  |
| 1045 Eastchester Dr                                  |   |                                   |           | T" =                        | <del></del>              | Check           |                                |  |
| City   | State                                   | Zip Code                          | M         | D                           | Y                        | Amount          | 200.00                         |  |
| Gahanna  | O   H                                   | 43230                             |           | 0 8                         |                          |                 | 200.00                         |  |
| Full Name of Contributor Registration Number, if PAC |   |                                   |           |                             |                          |                 |                                |  |
| Mark H. Mueser                                       |   |                                   |           |                             |                          | E (C1, C)       |                                |  |
| Street Address                                       | Employer/Occupation/Labor Organization* |                                   |           |                             |                          |                 | Form (Cash, Check, etc.)       |  |
| 80 Cherrybottom Rd                                   |   |                                   |           |                             | <del>- ,,</del>          | Check           |                                |  |
| City   | State                                   | Zip Code                          | M         | D                           | Y                        | Amount          | E0.00                          |  |
| Gahanna  | OH                                      | 43230                             |           | 113                         |                          |                 | 50.00                          |  |
| Full Name of Contributor Registration Number, if PAC |   |                                   |           |                             |                          |                 |                                |  |
| Karen Andermills                                     |   |                                   |           |                             |                          | Form (Cash, Cl  | ands atc.)                     |  |
| Street Address                                       | Employer/Occup                          |                                   |           |                             | L                        | icck, cic.)     |                                |  |
| 6142 Applegate Ln                                    |   | Ta: 0.1                           | Lu        | l D                         | Тү                       | Check           |                                |  |
| City   | State                                   | Zip Code                          | M         |                             | 1                        |                 | 25.00                          |  |
| Columbus   | 0   H                                   | 43213                             |           |                             | 1 5<br>ber, if P         |                 | 23.00                          |  |
| Full Name of Contributor                             |   |                                   | Registra  | won nun                     | idet, ti PF              | 10              |                                |  |
| James A Anzelmo                                      | E 1 10                                  | nstian II ahas O                  |           |                             |                          | Form (Cash C    | neck etc )                     |  |
| Street Address                                       | Employer/Occupation/Labor Organization* |                                   |           |                             |                          |                 | Form (Cash, Check, etc.) Check |  |
| 446 Howland Dr                                       | State                                   | Zip Code                          | M         | D                           | Y                        | Amount          |                                |  |
| City   |   | 43230                             | 014       | 1 .                         | 1 .                      |                 | 50.00                          |  |
| Gahanna  | O   H                                   | 1 43230                           |           |                             |                          |                 | 50.00                          |  |
| Full Name of Contributor Registration Number, if PAC |   |                                   |           |                             |                          |                 |                                |  |
| Street Address                                       | Employer/Occupation/Labor Organization* |                                   |           |                             | Form (Cash, C            | heck, etc.)     |                                |  |
| Succe Address  | Employed Occupation Moor Organization   |                                   |           |                             |                          |                 |                                |  |
| City   | State                                   | Zip Code                          | М         | D                           | Y                        | Amount          |                                |  |
| City   | State                                   |                                   |           |                             |                          |                 |                                |  |
|  | <u> </u>                                | lidates. If contributor is self-e | laund tha | o a aumontia                | n and the                | nome 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 \$ 655.00