

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Al Donahey/Noble Donahey Investment Co LLC					Registration Number, if PAC		
Street Address 108 A N High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 4	D 0 4	Y 1 5	Amount 100.00	
Full Name of Contributor Citizens for Wright					Registration Number, if PAC		
Street Address 235 W Johnstown Rd 3B		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 130.00	
Full Name of Contributor Dominic Olivo					Registration Number, if PAC		
Street Address 31101 Diane Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Wickliffe	State O H	Zip Code 44092	M 0 4	D 0 8	Y 1 5	Amount 100.00	
Full Name of Contributor Robert Zaino					Registration Number, if PAC		
Street Address 1045 Eastchester Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 0 8	Y 1 5	Amount 200.00	
Full Name of Contributor Mark H. Mueser					Registration Number, if PAC		
Street Address 80 Cherrybottom Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 1 3	Y 1 5	Amount 50.00	
Full Name of Contributor Karen Andermills					Registration Number, if PAC		
Street Address 6142 Applegate Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 4	D 1 5	Y 1 5	Amount 25.00	
Full Name of Contributor James A Anzelmo					Registration Number, if PAC		
Street Address 446 Howland Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 1 5	Y 1 5	Amount 50.00	
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	

* 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