

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Pamela Berkowitz					Registration Number, if PAC		
Street Address 2724 N Pine Grove Avem Apt 1		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Chicago	State I L	Zip Code 60614	M 0 3	D 1 9	Y 1 5	Amount 50.00	
Full Name of Contributor David Black					Registration Number, if PAC		
Street Address 3714 Seaford Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43220	M 0 3	D 1 9	Y 1 5	Amount 100.00	
Full Name of Contributor Michaela Hahn Burriss					Registration Number, if PAC		
Street Address 1363 Thornwood Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43212	M 0 3	D 2 1	Y 1 5	Amount 50.00	
Full Name of Contributor Alexander Ewing					Registration Number, if PAC		
Street Address 6163 Sharlene Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Cincinnati	State O H	Zip Code 45248	M 0 3	D 2 3	Y 1 5	Amount 100.00	
Full Name of Contributor Robert Werts					Registration Number, if PAC		
Street Address 7862 Wayside Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Delaware	State O H	Zip Code 43015	M 0 3	D 2 5	Y 1 5	Amount 100.00	
Full Name of Contributor Stephanie Berkowitz					Registration Number, if PAC		
Street Address 37 Garrison Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Brookline	State M A	Zip Code 02445	M 0 3	D 2 9	Y 1 5	Amount 50.00	
Full Name of Contributor Andrew Saluke					Registration Number, if PAC		
Street Address 3703 Peachtree Rd NE, Apt D1		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Atlanta	State G A	Zip Code 30319	M 0 3	D 2 9	Y 1 5	Amount 100.00	
Full Name of Contributor John McConnell					Registration Number, if PAC		
Street Address 615 Thistle Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 9	Y 1 5	Amount 25.00	

* 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)]