

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Jolley</b>							
Full Name of Contributor <b>Sean Braisted</b>					Registration Number, if PAC		
Street Address <b>202 Fall Street</b>		Employer/Occupation/Labor Organization* <b>Florig Equipment</b>			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Nashville</b>	State <b>T   N</b>	Zip Code <b>37206</b>	M <b>0   5</b>	D <b>0   5</b>	Y <b>1   1</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Craig Brunev</b>					Registration Number, if PAC		
Street Address <b>125 Broad Street</b>		Employer/Occupation/Labor Organization* <b>Sullivan &amp; Cromwell LLP</b>			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>New York</b>	State <b>N   Y</b>	Zip Code <b>10004</b>	M <b>0   5</b>	D <b>0   5</b>	Y <b>1   1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Doug Smith</b>					Registration Number, if PAC		
Street Address <b>169 East North Street</b>		Employer/Occupation/Labor Organization* <b>Self-employed</b>			Form (Cash, Check, etc.) <b>Money Order</b>		
City <b>Worthington</b>	State <b>O   H</b>	Zip Code <b>43085</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Michael Silberstein</b>					Registration Number, if PAC		
Street Address <b>1093 Fountain Lane, Apt D</b>		Employer/Occupation/Labor Organization* <b>Northwestern Mutual</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   1</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Donovan C. Bezer</b>					Registration Number, if PAC		
Street Address <b>27 Atlantis Terrace</b>		Employer/Occupation/Labor Organization* <b>Stryker, Tams &amp; Dill LLP</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Freehold</b>	State <b>N   J</b>	Zip Code <b>07728</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   1</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Ninh Tran</b>					Registration Number, if PAC		
Street Address <b>1736 South Hicks Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Philadelphia</b>	State <b>P   A</b>	Zip Code <b>19143</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Ozair Shariff</b>					Registration Number, if PAC		
Street Address <b>324 S. Highland Ave #8</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Bloomington</b>	State <b>I   N</b>	Zip Code <b>47401</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   1</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Craig Scanlon</b>					Registration Number, if PAC		
Street Address <b>880 Riva Ridge Blvd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   1</b>	Amount <b>10.00</b>	

\* 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)]