

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Jolley							
Full Name of Contributor David Levoff					Registration Number, if PAC		
Street Address 1346 Highland Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43201	M 1	D 0	Y 1 1	Amount 100.00	
Full Name of Contributor Adam Friedman					Registration Number, if PAC		
Street Address 139 East Lakeview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43202	M 1	D 0	Y 1 1	Amount 25.00	
Full Name of Contributor Donovan C. Bezer					Registration Number, if PAC		
Street Address 27 Atlantis Terrace		Employer/Occupation/Labor Organization* Stryker Tams & Dill, LLP			Form (Cash, Check, etc.) Check		
City Freehold	State N J	Zip Code 07728	M 0	D 8	Y 0 2 1 1	Amount 50.00	
Full Name of Contributor Herbert Asher					Registration Number, if PAC		
Street Address 34 W Poplar Ave Apt 501		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 1 0 1 1	Amount 50.00	
Full Name of Contributor Arlene Polster-Moore					Registration Number, if PAC		
Street Address 7841 Waggoner Chase Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 1	D 0	Y 1 1 1 1	Amount 25.00	
Full Name of Contributor Patricia Fanella					Registration Number, if PAC		
Street Address 86 Great Lawn Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1	D 0	Y 1 1 1 1	Amount 25.00	
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	
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 \$ 275.00