

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Mallory A. Murphy					Registration Number, if PAC		
Street Address 2516 Dahlia Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1	D 0	Y 3	Amount 50.00	
Full Name of Contributor Nita L. Wilson					Registration Number, if PAC		
Street Address 1104 Blithe Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Springfield	State O H	Zip Code 45503	M 1	D 0	Y 2	Amount 11.00	
Full Name of Contributor Rae White					Registration Number, if PAC		
Street Address 1744 Harrison Pond Drive		Employer/Occupation/Labor Organization* Muskingum			Form (Cash, Check, etc.) Credit Card		
City New Albany	State O H	Zip Code 43054	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Zachary Williams					Registration Number, if PAC		
Street Address 9 Riverpointe Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Hastings on Hudson	State N Y	Zip Code 10706	M 1	D 1	Y 0	Amount 100.00	
Full Name of Contributor Elizabeth Boy					Registration Number, if PAC		
Street Address 1195 South Creekway Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State O H	Zip Code 43230	M 1	D 1	Y 0	Amount 25.00	
Full Name of Contributor Craig Brune					Registration Number, if PAC		
Street Address 125 Broad St.		Employer/Occupation/Labor Organization* Sullivan & Cromwell LLP			Form (Cash, Check, etc.) Credit Card		
City New York	State N Y	Zip Code 10004	M 1	D 2	Y 0	Amount 50.00	
Full Name of Contributor Tim Madrid					Registration Number, if PAC		
Street Address 3946 Blueberry Hollow Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State O H	Zip Code 43230	M 1	D 2	Y 0	Amount 10.00	
Full Name of Contributor Paul Adams					Registration Number, if PAC		
Street Address 3780 Parkside Circle West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Lorain	State O H	Zip Code 44053	M 1	D 2	Y 0	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)]

Page Total \$ 371.00