

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley									
Full Name of Contributor Bill R. Hedrick, Esq.						Registration Number, if PAC			
Street Address 535 W. First Avenue			Employer/Occupation/Labor Organization* City of Columbus				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43215		M 0	D 2	Y 0	Amount 25.00	
Full Name of Contributor Eric M. Jolley						Registration Number, if PAC			
Street Address 187 Regents Road			Employer/Occupation/Labor Organization* Boehringer-Ingelheim Roxane Labs				Form (Cash, Check, etc.) Check		
City Gahanna		State O H	Zip Code 43230		M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Jerry Englehart						Registration Number, if PAC			
Street Address 177 Brevoort Road			Employer/Occupation/Labor Organization* Gahanna-Jefferson Schools				Form (Cash, Check, etc.) Cash		
City Columbus		State O H	Zip Code 43214		M 0	D 3	Y 1	Amount 50.00	
Full Name of Contributor Marc Polster						Registration Number, if PAC			
Street Address 3936 Easton Square Place			Employer/Occupation/Labor Organization* McGraw-Hill				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43219		M 0	D 3	Y 1	Amount 200.00	
Full Name of Contributor Andrew J. Saluke						Registration Number, if PAC			
Street Address 6311 Morgan Place Court NE			Employer/Occupation/Labor Organization* Brandware PR				Form (Cash, Check, etc.) Check		
City Atlanta		State G A	Zip Code 30324		M 0	D 3	Y 2	Amount 50.00	
Full Name of Contributor Trafis For Council Committee						Registration Number, if PAC			
Street Address 127 E. Sprague Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Seven Hills		State O H	Zip Code 44131		M 0	D 3	Y 2	Amount 50.00	
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 3	Y 2	Amount 200.00	
Full Name of Contributor Pakou Hang						Registration Number, if PAC			
Street Address 895 Orange Avenue East			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City St. Paul		State M N	Zip Code 55106		M 0	D 4	Y 0	Amount 20.00	

* 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 \$ 695.00