

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley									
Full Name of Contributor Gayl Berger						Registration Number, if PAC			
Street Address 3535 Rolling Hills Drive			Employer/Occupation/Labor Organization* Self-employed Attorney				Form (Cash, Check, etc.) Check		
City Pepper Pike	State O H	Zip Code 44124	M 1 0	D 1 3	Y 1 1	Amount 100.00			
Full Name of Contributor James H. Jolley						Registration Number, if PAC			
Street Address 8715 Bayport Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Centerville	State O H	Zip Code 45458	M 1 0	D 1 3	Y 1 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 1 0	D 1 3	Y 1 1	Amount 100.00			
Full Name of Contributor Michael L. Silberstein						Registration Number, if PAC			
Street Address 1093 Fountain Lane, Apt D			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 1 0	D 1 3	Y 1 1	Amount 25.00			
Full Name of Contributor Daniel Ramos						Registration Number, if PAC			
Street Address 1828 West 38th Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Lorain	State O H	Zip Code 44053	M 1 0	D 1 4	Y 1 1	Amount 25.00			
Full Name of Contributor Ozair Shariff						Registration Number, if PAC			
Street Address 1800 E. 10th St., Ashton Vos Rm 313			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Bloomington	State I N	Zip Code 47406	M 1 0	D 1 5	Y 1 1	Amount 5.00			
Full Name of Contributor Sean McLaughlin						Registration Number, if PAC			
Street Address 2847 Eastminster Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 8	Y 1 1	Amount 10.00			
Full Name of Contributor Sara Ijams						Registration Number, if PAC			
Street Address 7754 Lupine Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Blacklick	State O H	Zip Code 43004	M 1 0	D 1 8	Y 1 1	Amount 11.00			

* 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)]