

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Jolley									
Full Name of Contributor Jaime Guzman						Registration Number, if PAC			
Street Address 2056 W. 23rd St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Chicago	State I L	Zip Code 60608	M 0	D 4	Y 0	3	1	1	Amount 25.00
Full Name of Contributor Dossier White						Registration Number, if PAC			
Street Address 3005 Bluff Hollow Gap			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Antioch	State T N	Zip Code 37013	M 0	D 4	Y 0	3	1	1	Amount 5.00
Full Name of Contributor Matt Impink						Registration Number, if PAC			
Street Address 1119 Sterling Street #13			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Indianapolis	State I N	Zip Code 46201	M 0	D 4	Y 0	3	1	1	Amount 10.00
Full Name of Contributor John Haubenreich						Registration Number, if PAC			
Street Address 4905 Shasta Drive			Employer/Occupation/Labor Organization* Neal & Harwell, PLC				Form (Cash, Check, etc.) Check		
City Nashville	State T N	Zip Code 37211	M 0	D 4	Y 0	3	1	1	Amount 50.00
Full Name of Contributor Mitra Jafary-Hairi						Registration Number, if PAC			
Street Address 1269 Azalea Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Waterford	State M I	Zip Code 48327	M 0	D 4	Y 0	3	1	1	Amount 100.00
Full Name of Contributor Anonymous						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City	State	Zip Code	M 0	D 4	Y 0	3	1	1	Amount 25.00
Full Name of Contributor Wilson Boyd						Registration Number, if PAC			
Street Address 1901 Eastside Avenue			Employer/Occupation/Labor Organization* LEAD Public Schools				Form (Cash, Check, etc.) Credit Card		
City Nashville	State T N	Zip Code 37206	M 0	D 4	Y 0	3	1	1	Amount 25.00
Full Name of Contributor Arlene Polster-Moore						Registration Number, if PAC			
Street Address 7841 Waggoner Chase Blvd.			Employer/Occupation/Labor Organization* Data Recognition Corp.				Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 0	D 4	Y 0	9	1	1	Amount 200.00

* 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 \$ 440.00