

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-----------------------|--|-------------------|-------------------|--|------------------------|--|
| Name of Committee in Full Citizens for Jolley | | | | | | | |
| Full Name of Contributor Mara Polster Wilson | | | | | Registration Number, if PAC | | |
| Street Address 2529 West Carmen Avenue | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Chicago | State I L | Zip Code 60625 | M 1 0 | D 1 1 | Y 1 1 | Amount 50.00 | |
| Full Name of Contributor Nicholas Benson | | | | | Registration Number, if PAC | | |
| Street Address 830 Dennison Avenue | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State O H | Zip Code 43215 | M 1 0 | D 1 1 | Y 1 1 | Amount 25.00 | |
| Full Name of Contributor Michael Stinziano | | | | | Registration Number, if PAC | | |
| Street Address 1128 Highland Street | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State O H | Zip Code 43201 | M 1 0 | D 1 1 | Y 1 1 | Amount 60.00 | |
| Full Name of Contributor Rich Gandarillas | | | | | Registration Number, if PAC | | |
| Street Address 840 Nob Hill Court | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State O H | Zip Code 43230 | M 1 0 | D 1 1 | Y 1 1 | Amount 50.00 | |
| Full Name of Contributor Melonia Bennett | | | | | Registration Number, if PAC | | |
| Street Address 5830 Falmouth Court | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Worthington | State O H | Zip Code 43085 | M 1 0 | D 1 1 | Y 1 1 | Amount 5.00 | |
| 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 0 | D 1 1 | 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 1 0 | D 1 1 | Y 1 1 | Amount 50.00 | |
| 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.) Credit Card | | |
| City Gahanna | State O H | Zip Code 43230 | M 1 0 | D 1 2 | Y 1 1 | 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 \$ 290.00