Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		<u> </u>						
Citizens for Jolley Full Name of Contributor				Registration Number, if PAC				
			T.CELSUI		11 1 N	_		
Citizens for Bishoff Street Address	Elower/Ocean	ation/Labor Organization*				Form (Cash, Ch	eck etc.)	
	Employer/Occup	andividuoi Organization				Check	itea, etc.)	
545 E Town St	S	Zip Code	Тм	D	Y	Amount		
City	State	1 '	I .	l	1 5	- dilouit	2,250.00	
Columbus	O H 43215 0 1 1 4 1 5 Registration Number, if PA				<u> </u>	2,250.00		
Arlene Polster	Jr. 1 10	2 # A. L. A			_	Form (Coch, Ch	acl: etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
7841 Waggoner Chase Blvd		I	157		T	Check		
City	State	Zip Code	M	D	Y	Amount	60.00	
Blacklick	OH	43004		019			60.00	
Full Name of Contributor	Registration Number, if PAC							
Donovan Bezer								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
7 Park Street, Suite 203						Check		
City	State	Zip Code	М	D	Y	Amount		
Montclair	$N \mid J$	07042	0 2	0 9	1 5		750.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Michael L Silberstein					_			
Street Address	Employer/Occupation/Labor Organization*			-	Form (Cash, Check, etc.)			
1093 Fountain Lane, Apt D						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OIH	43213	012	1114	115		100.00	
Full Name of Contributor	<u>, </u>		Registra	tion Nur	ber, if PA	C		
Marc Polster			1					
Street Address	Employer/Occur	ation/Labor Organization*	_			Form (Cash, Cl	neck, etc.)	
6535 Westbury Dr						Check		
City	State	Zip Code	М	D	Y	Amount		
1 *	OIH	43016	012	214	115		100.00	
Dublin Full Name of Contributor	0 1	13010			ber, if PA	VC	200.00	
The Name of Commodor								
Trafis for Council Committee Street Address	Employer/Occupation/Labor Organization*				Form (Cash, C	beck, etc.)		
						Check		
541 Orchardview Rd	State	Zip Code	М	T D	1 Y	Amount		
City City	O H	44131			115		100.00	
Seven Hills		1 44131			nber, if PA		100.00	
Full Name of Contributor			1,egusur					
James Wagner	F-1 -10	i	<u> </u>			Form (Cash, C	heck, etc.)	
Street Address	Employer/Occupation/Labor Organization*						Check	
4897 East Walnut Street	_	7. C.1.	T 14	D	ΙΥ	Amount	_	
City	State	Zip Code	M	i			20.00	
Westerville	OIH	43081	0 2				∠0.00	
Full Name of Contributor Registration Number, if PAC								
Paul R Adams						Form (CL C	hart was	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
3780 Parkside Circle West				Check				
City	State	Zip Code	M	D	Y	Amount	20.00	
Lorain	OH	44063	0 2	218	1 1 5	nome of the	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 \$ 3,400.00