

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Citizens for Bishoff						Registration Number, if PAC	
Street Address 545 E Town St		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 1	D 1 4	Y 1 5	Amount 2,250.00	
Full Name of Contributor Arlene Polster						Registration Number, if PAC	
Street Address 7841 Waggoner Chase Blvd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Blacklick	State O H	Zip Code 43004	M 0 2	D 0 9	Y 1 5	Amount 60.00	
Full Name of Contributor Donovan Bezer						Registration Number, if PAC	
Street Address 7 Park Street, Suite 203		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Montclair	State N J	Zip Code 07042	M 0 2	D 0 9	Y 1 5	Amount 750.00	
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 0 2	D 1 4	Y 1 5	Amount 100.00	
Full Name of Contributor Marc Polster						Registration Number, if PAC	
Street Address 6535 Westbury Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43016	M 0 2	D 2 4	Y 1 5	Amount 100.00	
Full Name of Contributor Trafis for Council Committee						Registration Number, if PAC	
Street Address 541 Orchardview Rd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Seven Hills	State O H	Zip Code 44131	M 0 2	D 2 4	Y 1 5	Amount 100.00	
Full Name of Contributor James Wagner						Registration Number, if PAC	
Street Address 4897 East Walnut Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville	State O H	Zip Code 43081	M 0 2	D 2 8	Y 1 5	Amount 20.00	
Full Name of Contributor Paul R Adams						Registration Number, if PAC	
Street Address 3780 Parkside Circle West		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Lorain	State O H	Zip Code 44063	M 0 2	D 2 8	Y 1 5	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 \$ 3,400.00