

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	D 0	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	D 0	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	D 0	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 Gahanna	State O H	Zip Code 43230	M 1	D 0	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	D 0	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	D 0	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	D 0	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	D 0	Y 1 2	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