

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Jolley									
Full Name of Contributor Jennifer A. Palguta						Registration Number, if PAC			
Street Address 2687 Northmont Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick	State O   H	Zip Code 43004	M: 0   8	D: 1   5	Y: 1   1	Amount 50.00			
Full Name of Contributor John Rensink						Registration Number, if PAC			
Street Address 517 S. 5th Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O   H	Zip Code 43206	M: 0   8	D: 1   5	Y: 1   1	Amount 50.00			
Full Name of Contributor Alexis Ortiz						Registration Number, if PAC			
Street Address 4191 Triple Crown Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Davie	State F   L	Zip Code 33330	M: 0   8	D: 1   5	Y: 1   1	Amount 25.00			
Full Name of Contributor Jody Cox						Registration Number, if PAC			
Street Address 955 Avir Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O   H	Zip Code 43230	M: 0   8	D: 1   5	Y: 1   1	Amount 25.00			
Full Name of Contributor Preston C. Demouchet						Registration Number, if PAC			
Street Address 2807 North Glebe Road, 284			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Arlington	State V   A	Zip Code 22207	M: 0   8	D: 1   6	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.) Credit Card		
City Freehold	State N   J	Zip Code 07728	M: 0   8	D: 1   6	Y: 1   1	Amount 25.00			
Full Name of Contributor Michael A. Twigg						Registration Number, if PAC			
Street Address 832 Moon Glow Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Gahanna	State O   H	Zip Code 43230	M: 0   8	D: 1   6	Y: 1   1	Amount 100.00			
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   8	D: 2   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 \$ 325.00